

Classroom-Based Training During COVID-19

I confirm that the following statements are true and correct to the best of my knowledge.

I agree that I will notify Backline immediately and will not attend the remainder of the course, should any of these statements become untrue prior to or during the course of my training.

- I have not been advised to self-isolate within the last 24 hours and, to my knowledge, • there is no reason for me to be self-isolating at this time.
- I have not been in close contact or cared for someone, during the last 5 days, who has • confirmed COVID-19.
- During the last 24 hours, I have not experienced any cold or flu-like symptoms such as • a cough, fever, sore throat, respiratory illness or difficulty breathing.

Signed:				
Date: /	/ 20			
Print Name:				
Course Attendi	ng (circle):			
Driver CPC	ADR	Forklift / HIAB / Other MHE	First Aid	Other
Location:				

You may leave your contact details below if you would like to participate in the government's track and trace scheme. This is entirely optional and will not affect your ability to attend training.

Phone:

Email:





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