



OHS Community Meetings

I _____ am employed at Headway Gippsland as a _____ I meet with _____ a participant of Headway Gippsland when required, when we meet up it is in the community. I do not need to complete an OHS Home Safety Checklist as I do not enter home. However, in the future if circumstances change and I have meetings with _____ in their home, an OHS Home Safety Checklist will be completed and forwarded to Client Services Coordinator to be uploaded to participants file on our CRM.

Name Headway Gippsland Employee

Name Participant/Nominee

Signature Headway Gippsland Employee

Signature Participant/Nominee

Date

Date