**Covid-19**

**Return to Campus Application Form**

This form is to be submitted to the relevant Executive Deans or Professional Services Directors for approval to return to University campus buildings to resume work activities. The process for return to campus should align with [the Scottish Government Strategic Framework](https://www.gov.scot/publications/coronavirus-covid-19-strategic-framework-update-february-2021/) and [Protection Levels](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/10/coronavirus-covid-19-protection-levels/documents/covid-19-protection-levels-summary-information-on-what-you-can-and-cannot-do/covid-19-protection-levels-summary-information-on-what-you-can-and-cannot-do/govscot%3Adocument/COVID-19%2Bprotection%2Blevels%2B-%2Bsummary%2Binformation%2Bon%2Bwhat%2Byou%2Bcan%2Band%2Bcannot%2Bdo.pdf), and as detailed in the [Readiness Approvals Flowcharts](https://www.strath.ac.uk/media/ps/safetyservices/campusonly/covidrrdg/Readiness_Approvals_Flowcharts_Aug_2020_%28Final%29_v2.4_%286%29.pptx). **Note**: When Level 4 or Lockdown restrictions are in place approval for return by submission of an Assurance Checklist is required from the Executive Team.

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| **Directorate/ Department**  |  |
| **Faculty**  |  |
| **Project Title** |  |
| **Project Lead** |  |

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| **Building Details** |
| 1. | Building |  |
| 2. | Room numbers e.g. GH820 (of all rooms to be used by the group including toilets and welfare areas) |  |
| 3. | Names of staff requiring access(Note that remote working remains the default position for those who can). |  |
| 4. | Hours of access required e.g. 08:00 -18:00 |  |
| **Project Details** |
| 5. | Description of Project/Work Activity |  |
| 6. | Is this work activity in collaboration with others within the University? | Yes/No (please delete as appropriate)If yes, which one and who is the lead?Will this involve use of another building or lab not mentioned in point 1 above? Please detail: |
| **Commencement or Resumption** |
| 7. | When does the project/work activity propose to return? | Anticipated date of return to campus: |
| 8. | Reasons why staff must return to campus in this period. | Please provide details: |
| 9. | How many members of staff will require a campus car parking space? |  |
| 10. | 1. A **COVID-19 Return to Campus Risk Assessment** is in place and has been communicated to all staff returning.
2. Staff returning have completed a **COVID-19 Return to Campus Individual Health Risk Assessment** in conjunction with their line manager prior to returning.
 | Yes /No (Please delete as appropriate)Yes /No (Please delete as appropriate) |

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| **Application Approval** |
| Executive Dean or PS Director  | Signature: | Date: |