**Covid-19**

**Resumption of Teaching on Campus Application Form**

This form is to be submitted by the Head of Department to their Executive Dean along with the assurance documentation and risk assessment(s) to ensure the resumption of teaching on campus, in line 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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| **Department/School** |  |
| **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 including toilets and welfare areas) |  |
| 3. | Hours of room access required for teaching event e.g. 10:00 -12:00 |  |
| **Teaching Event(s) Details** |
| 4. | List of teaching event (link to timetable)  |  |
| Short description of teaching activity |  |
| 5 | Number and names of staff involved. |  |
| 6 | Number of students involved in each class/lab/workshop/event |  |
| **Commencement or Resumption** |
| 7. | Please give the dates on which the activity will be taking place? |  |
| 9. | How many members of staff will require a campus car parking space? |  |
| 10. | For University Staff only:1. A **COVID-19 Return to Campus Risk Assessment** is in place and has been communicated to all staff returning.
 | Yes /No (Please delete as appropriate) |
| 1. 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) |

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| **Application Submission** |
| Head of Department/School submitting the form to Executive Dean | Signature: | Date: |

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| **Authorisation** |
| The information above has been reviewed by the Executive Dean and the resumption/commencement of the teaching activity on campus has been authorised.Executive Dean signature: Date: |