



## Homeowner Self-Assessment Declaration - Installation

Name			
Home Address			
City		Postcode	
Date Form Completed			
Installing Company	Homeworks Solutions Ltd		
Installation Date			

### Declaration

*To be completed and sent to installer no more than 24 hours prior to scheduled site visit*

1) Are you, or anyone in your household considered to be in the vulnerable group who are at increased risk of severe illness from coronavirus?

YES  NO

Please specify details of vulnerable occupants:

<input type="checkbox"/>	Extremely Vulnerable (received NHS letter)
<input type="checkbox"/>	Vulnerable (underlying health condition and/or is aged over 70)
<input type="checkbox"/>	Other (please specify below)

2) Is your household or anyone in your household isolating?

YES  NO

Please specify details of isolation:

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<b>3) Have you or anyone in your household experienced any recognized coronavirus symptoms in the past 7 days? (including today) e.g. a continuous cough or a high temperature.</b>			
<b>YES</b>		<b>NO</b>	
<b>4) I have demonstrated to installers the safe route in/around the home as agreed at pre-installation survey.</b>			
<b>YES</b>		<b>NO</b>	
<b>5) I will allow the installer to use a designated W/C facility at my property providing they bring their own toiletries and clean after use with their own cleaning materials. I have explained the designated WC facilities as agreed at pre-installation survey.</b>			
<b>YES</b>		<b>NO</b>	

<b>Emergency Contact Name</b>	
<b>Emergency Contact Phone</b>	

**Terms and Conditions:**

- Please respect social distancing by remaining a minimum of 2 metres away from the installer and keep family members and pets away from the room where work is being carried out wherever possible.
- Please do not offer food or drink as we cannot accept it.
- Please help the installer to work room by room.
- Co-operate with the installer to help everyone stay safe and follow the Government coronavirus social distancing guidelines.
- Please stop or limit visitors to the home during the installation, wherever possible.
- Inform the installation company management and surveyor immediately if a member of the household becomes unwell with any recognized symptoms of coronavirus.

**By signing this form, I hereby confirm that the information I have given above is up-to-date, true, and that I will comply with the conditions set out in the above.**

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	