

Froglife Insurance for Toad Patrollers – Declaration

Name

Address

.....

.....

.....

Telephone number

Email address

NAME OF TOAD CROSSING

Details: (please tick boxes, as appropriate)

I have read and understood 'Froglife – Health and Safety Procedures for Toad Patrolling'

I understand the risks associated with toad patrolling and will undertake a full Risk Assessment accordingly

Or, if a risk assessment has already been carried out by another Patroller:

I understand the risks associated with toad patrolling and have read and understood the Risk Assessment for Toad Patrolling at this site.....

I confirm that, when undertaking activities on behalf of Froglife, I will do so in accordance with the procedures contained in the documents mentioned above.

Signed Date

Please return forms to:

Lucy Benyon
Wildlife Information Officer
Froglife
9 Swan Court, Hampton, Peterborough PE7 0GX

Please note: Your details listed above will not be used by Froglife for any purpose other than for the Toads on Roads scheme.