

**PERSONAL EMERGENCY EVACUATION PLAN**

In the event of a fire or emergency at one of our centres we would be unable to use the passenger lifts. We need to ensure that we have suitable procedures in place to safely evacuate everyone from our buildings.

To this end it is essential that we are aware of any learner who would need assistance to evacuate the building in the event of an emergency.

We also need to know if a learner wishes to disclose a health issue that could impact on their learning or safety as a risk assessment may need to be prepared. Any information disclosed will be kept confidential.

Many thanks

Michelle Hone  
Learner Services Co-ordinator

**LEARNER NAME** .....

**Course Title** ..... **Course number** .....

**Day/Time** ..... **Tutor** .....

**Additional courses:**

Course Title & number: Tutor:	Day/Time:
Course Title & number: Tutor:	Day/Time:
Course Title & number: Tutor:	Day/Time:

**PLEASE GIVE NATURE OF DISABILITY AND MOBILITY/OTHER AIDS USED** (please give as much information as possible

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**For Office Use Only**

DPs, PEEPs from tutor register pack: Date & Initial		Admin entered onto spsh: Date & Initial	
LSC reviewed: Date & initial		Admin enter update onto spsh, pass to DPs: Date & Initial	
DPs: Copy of plan placed in tutor register pack: Date & Initial.			

## PERSONAL EMERGENCY EVACUATION LEARNER PLAN

<b>Learner's name</b>				
<b>Class No</b>	<b>Centre</b>	<b>Day</b>	<b>Time</b>	<b>Tutor</b>

Does the learner agree to use an evacuation chair if required? Yes ☐ No ☐

Does the learner need assistance to get into the evacuation chair? Yes ☐ No ☐

Please give the names of carers/staff trained to help the learner into the evacuation chair

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Is the learner able to use the stairs with a buddy? Yes ☐ No ☐

Please give the names of learners/carers/staff who are prepared to act as buddies (please include deputies in case of absence)

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Does the learner require any other assistance? Please give as much detail as possible

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Is the learner able to hear the fire alarm? Yes ☐ No ☐

<b>Devised by:</b>	<b>Date devised:</b>
<b>Agreed and signed by Learner:</b>	

## PERSONAL EMERGENCY EVACUATION PLAN Review

<b>Learner's name</b>				
<b>Course No</b>	<b>Centre</b>	<b>Day</b>	<b>Time</b>	<b>Tutor</b>

**Date reviewed:**

Adjustments required?

<b>Reviewed by:</b>	<b>Signature of reviewer:</b>

<b>Additional courses</b>	<b>Learner sign &amp; date</b>	<b>LSC sign &amp; date</b>
Course Title & number: Tutor:		
Course Title & number: Tutor:		
Course Title & number: Tutor:		