

Department of Biological Sciences

**STUDENT LAB WORK
SUPERVISION CONFIRMATION LETTER**

Student information

Student name (English):		Student ID no.:	
Student name (Chinese):		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

I hereby confirm that:

- the above-named student will work with me in the lab Room #..... from (DATE) to (DATE).
- the student has attended the safety training and past the safety test
- risk assessment has been done for the project
- the health and safety form and CoSHH form have been filled by the student
- I will ensure that the student will be trained before using any lab equipment
- I will arrange the surveillance for students to work in the lab and take full responsibility for his/her supervision.

Signatures and date:

Supervisor: Date:

Student: Date: