

SDC DECLARATION

A	Name of client	
B	Name of Managed Service Provider	
C	Site	
D	Either Name of Individual if this declaration relates to a single operative OR details of Services being performed if this declaration relates to a number of individuals providing the same services	

For completion by the Hiring Manager	
Name of Hiring Manager	
<p>I confirm that, with the exception of statutory requirements such as health and safety procedures, the manner of the work of the person(s) named in Section D is not in practice subject to supervision, direction or control by any person</p>	
I agree with this statement (tick)	<input type="checkbox"/>
I do not agree with this statement (tick)	<input type="checkbox"/>
Sign and date below to confirm your declaration	
Signed	
Date	

For completion by the Site Supervisor	
Name of Supervisor	
<p>I confirm that, with the exception of statutory requirements such as health and safety procedures, the manner of the work of the person(s) named in Section D is not in practice subject to supervision, direction or control by any person</p>	
I agree with this statement (tick)	<input type="checkbox"/>
I do not agree with this statement (tick)	<input type="checkbox"/>
Sign and date below to confirm your declaration	
Signed	
Date	



Signed by:



Date: 27/07/23

(for Carmichael Site Services Ltd)

Signed by:



Date: 27/07/23

(for Carmichael Site Services Ltd)

