**MS1B FOR THE YEAR COMMENCING 1st OCTOBER 20\_\_\_\_\_\_\_**

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| **SECTION 5** - **STANDARD BEARER/ DEPUTY STANDARD BEARER PHYSICAL FITNESS CONFIRMATION**  **This section must be signed by the appointed Standard Bearer and Deputy Standard Bearers. During competitions and remembrance events the Royal British Legion will make every effort to ensure their safety, however, as with any physical activity, there are health risks and a minimum level of physical fitness is required.** | | |
| I confirm that:   1. In accordance with Chapter 6 of the Ceremonial Handbook, I have read and understood the responsibilities and risks associated with Standard Bearing, including but not limited to:    * Standard bearing is a physical activity and so I must ensure I am both physically fit and strong enough to carry a Standard in all reasonable weather conditions.    * As a Standard Bearer I will be expected to be able to carry a Standard which is 8ft long and up to 3.5kg in weight (in wet or windy weather conditions Standards may become heavier and difficult to hold upright);    * Some actions such as Dips may put a strain on the back and shoulders;    * Competitions and remembrance events may prove demanding and stressful for some. 2. If I am in receipt of any disability related allowance or benefit, I will inform the appropriate authorities of my intention to undertake the role of Standard Bearer /Deputy Standard Beare as this may affect my eligibility status. 3. To my knowledge, I have no physical conditions or disability that could potentially put me or others at harm whilst performing my duties as a Standard Bearer/Deputy Standard Bearer. If I have, or suspect I have, a health problem which means I may not be able to fulfil all duties required of the role safely, I undertake to inform the appropriate Ceremonial Officer in charge of the competition/remembrance event. | | |
| **Name:** | **Signature:** | **Date:** |

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| **STANDARD BEARER** | | | | | | | |
| Membership Number |  | | | | | | |
| Name |  | | | | | | |
| Address |  | | | | | | |
| Telephone |  | | | | | | |
| Email (Personal) |  | | | | | | |
| Email (RBL.Community) |  | | | | | | |
| By signing below, I confirm that: the statements in the MS1 Self Declaration to be true and, where a statement is not true, I have made a disclosure(s) to the Safeguarding Team via my MEO which has been accepted by the Legion and does not prevent me from carrying out this role; and that I will inform RBL of any changes in my circumstances which would affect the veracity of this declaration. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| By signing below, I give my consent to TRBL to conduct a Criminal Record check if so required. | | | | | | | |
| **Name:** | | **Signature:** | **Date:** | | | | |
| Are you happy for your telephone number to be published on the Branch website so members of the public can contact you about Branch matters. | | | | **Yes** |  | **No** |  |