

**Uniform Policy and Dress Code**

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| Version Control Sheet | | | |
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| This must be completed and form part of the document appendices each time the document is updated and approved | | | | |
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| Tracy Manton | Laundry Manager | 14/01/2020 |
| Vicky Buddo | Head of Sexual Health Services | 09/12/2019 |
| Nicolas Lane | Head of Therapies, Adult Community Services & Long Term Conditions Division | 11/12/2019 |
|  | Joint Negotiating Consultative Committee | 03/07/2020 |

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# Introduction / Purpose

To outline the Trust Policy on the Uniform and Dress Code for both Uniform and Non-Uniform wearers.

The Trust considers that the way employees dress and their appearance is of significant importance to all its users of services whether they are patients, visitors or colleagues.

A breach of this policy will be dealt with in accordance with Trust Policies and Procedures.

The aim of this policy is to ensure that staff present a high quality professional image of both their department and the Trust by the standards of their dress. The Trust recognises that each person has the right to be an individual and it is not the Trust’s intention to stifle that individuality. We primarily care for people when they are at their most vulnerable, and what may be acceptable for us to wear in our own time, may not engender feelings of confidence, nor promote our professionalism to the people we provide care for. What we wear, may be perceived by patients, carers and relatives to be an indication of our competence and professionalism.

# General Principles / Target Audience

The Policy applies to all members of Trust Staff.

# Definitions and Abbreviations

DH Department of Health

PPE Personal Protective Equipment

# Policy

## Uniform Wearers

### Changing and Washing Facilities

* Where changing room facilities are available, staff must only wear uniform within the Hospital and its campus, unless they are undertaking a clinical visit in the community setting. Where ward / departmental changing facilities are provided, staff must not go home in uniform. If staff do not have a ward / departmental level changing facility, they may travel directly to and from work only in uniform. In these instances, the uniform must be suitably covered by external clothing to preserve the professional image of the Trust
* There is an auto valet, uniform cleaning system, at Blackpool Victoria Hospital that may be utilised.
* For hospital staff only, if the auto valet system is full to capacity, uniforms can be laundered at home (see 4.1.5).
* For staff working in the community site they must preserve a professional image wearing the appropriate uniform at all times.
* Only uniforms provided by the trust will be worn, each professional group have their own uniform denoting professional identity.
* Only uniforms which have been approved by the ‘Uniform approval group’ and supplied to staff can be worn, this includes cardigans, trousers and fleeces. Any change in staff ‘titles’ must also be approved by the Uniform Approval Group before being embroidered on a uniform.
* Uniforms are replaced every 3 years, unless an employee experiences significant weight loss, weight gain or wear and tear such that their uniform is no longer fit for purpose, or fails to present the professional image required (see also 4.1.13).
* Clinical Uniforms must be clean and correctly laundered at all times. A wash for 10 minutes at 60° removes most micro-organisms. Staff wearing non clinical uniforms should check the laundry instruction labels on item of uniform to wash at the designated temperature.
* Personal Protective Equipment (PPE) will be provided and must be worn appropriately when required.
* Wash uniforms separately from other clothes. Clean machines and tumble driers regularly and maintain according to manufacturer’s instructions.
* Allowances for the laundering of uniforms are not provided by the Trust, it is the member of staff responsibility to claim any tax allowance relating to this.   
  <https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools>
* Protective resources must be worn i.e. aprons, however, if uniform / clothing becomes visibly soiled or contaminated these must be changed as soon as practical.
* A clean uniform must be worn at the start of each shift.
* Uniforms must not be worn at formal outside events, unless permission is obtained from the relevant Director.
* Belts in corresponding colours issued by the sewing room at Blackpool Victoria Hospital or at Lancaster, Moor Lane Mills, may be worn with dresses and must be laundered regularly or replaced if visibly soiled or contaminated. Buckles must be kept clean, and belts should be removed when delivering clinical care.
* Staff wearing theatre greens must change prior to leaving their working area except in the event of an emergency situation. They must not enter the dining room wearing theatre greens.
* “Old Style Theatre Blue” uniforms are only to be worn in areas agreed by individual Divisions. “Blues” are not to be worn in operating theatres.
* The correct uniform allocated, must be worn at all times when on duty, including nights and weekends.
* Any item of uniform damaged by misuse will be replaced from stock and paid for by the member of staff.
* Maternity wear is available upon request.
* Staff providing clinical care must ensure that no garment comes below the elbow (Please refer to the Control of Infection Policy (1) and 4.1.1.1).
* All uniforms provided remain the property of the Trust and must be returned upon termination of employment to your immediate Line Manager as per contract of employment.
* Shorts approved by the Uniform approval group may be worn by physiotherapists only when providing treatment to patients in a gym setting.

#### Bare Below the Elbows

* The NHS Uniforms and Workwear: guidance for NHS employers (2020 (2)) provides an evidence base. An evidence base for developing local policy, which details the requirement to wear short sleeves, the avoidance of wearing white coats, and the avoidance of wearing hand or wrist jewellery. All these measures help to support effective hand washing and so reduce the risk of transmission of the infection to patients.

## Footwear

4.2.1 Staff undertaking clinical duties must wear footwear that is a full shoe i.e. Heel and toe parts intact. They must be correctly fitting. They must also be plain, compatible with their uniform and made of a substantive material, with a soft, quiet heel and sole and should be in a state as to provide full support for the feet. Heels on the shoes must not exceed 2.5cms (1inch). Shoes must be kept clean.

4.2.2 Plain black training shoes with no branding may be worn at the divisional management team’s discretion.

4.2.3. When wearing a uniform dress tights/stockings or hold-ups should be worn and these should be of natural colour, navy blue or black. Socks must be plain (no patterns). Concessions to wearing of tights/stockings or hold-ups may be given in accordance with the Severe Weather Plan procedure CORP/PLAN/003 (3) during times of heatwave. This direction will be given and authorised by the Director of Nursing or Deputy Director of Nursing and will be for a defined period of time.

4.2.4. Where required, safety footwear will be provided; it will be the responsibility of the individual staff member to ensure that the footwear provided is worn and kept clean following use.

4.2.5. Clogs and Crocs without holes or ‘jibbitz’ are permitted to be worn in Theatre and Critical Care areas. These must have heel supports to prevent possible slips, trips and falls. They must be dark blue, black or white in colour and only be worn in the clinical work environment.

4.2.6 Staff who do not need to wear a uniform must wear sensible footwear to reduce the risk of injury.

## Cardigans

4.3.1 Clinical and frontline non-clinical staff may wear sweatshirts, fleeces, fine wool cardigans or jumpers when travelling between areas of the hospital / community subject to management discretion. These must be plain without any logos other than the Trust or NHS logos and be Navy blue for Nursing Staff, or the same colour as the uniform for other staff disciplines.

4.3.2 Cardigans must always be removed before delivering any clinical care.

## Hair

4.4.1. Both male and female staff must tie long hair back and when in clinical areas, hair must be off the collar.

4.4.2. Hair must be clean, neat and tidy and not be brightly coloured artificially or be of unconventional style. Staff must project a professional image at all times when on duty. The use of hair colourant is an individual choice, however, staff should consider patients’ expectations of professional image.

4.4.3. Hair accessories must only be worn for practical use i.e.to tie hair up and dark in colour and must not contain stones. Catering and theatre staff must wear the appropriate hair covering and must not wear hair accessories for contamination and health and safety reasons.

4.4.4. Facial hair must be kept clean and tidy and reflect the professional standards expected by Trust staff. In food preparation, serving areas and decontamination areas facial hair should be covered.

## Jewellery

4.5.1 Clinical Staff – please refer to the Hand Hygiene Policy (CORP/POL/056 (4)) regarding jewellery.

4.5.2 Catering staff only - Items of jewellery must not be worn with the exception of a watch and one plain metal wedding band. However, wristwatches must not be worn in food handling areas. This is stipulated by the Blackpool Environmental Health Officer and must be adhered to at all times.

4.5.3 Clinical Staff Only - Rings – only one white or yellow, plain metal band is permitted. Rings with stones are not allowed.

4.5.4 Clinical staff Only Earrings – one small plain ball stud with no stones may be worn in each ear, necklet chains are not to be worn, unless for religious purposes and worn under the uniform. Gauge earrings or stretched earlobe piercings must always have a ‘hoop’ in and be covered whilst working in a clinical environment.

4.5.5 No other visible body piercings / ornaments are acceptable unless for religious reasons.

4.5.6 Fingernails must be kept short and clean at all times. No artificial / acrylic nails or nail varnish to be worn at any time by clinical staff

4.5.7 Make-up must be discreet.

4.5.8 Tattoos, where they are extensive or deemed offensive, must be covered at all times. In clinical areas advice must be sought from infection prevention regarding suitable covers.

4.5.9 Scissors are not permitted to be worn in an outside breast pocket. If pens or bleeps are worn in the outside breast pocket they must be secured to the pocket.

4.5.10 Semi-permanent and false eyelashes are not to be worn in clinical areas or areas where food handling occurs.

4.5.11 It is expected that non-clinical staff who may undertake periods of work or have reason to be in clinical areas will also adhere to the requirements of points 4.5.3 – 4.5.8 and 4.5.10 at all times when in the clinical area.

## Non-Uniform Wearers

4.6.1 All staff must dress in a manner, which is smart, professional and modest.

4.6.2 If providing patient care, ensure that you are bare below the elbows, remove outer jackets / cardigans on entering a clinical area.

4.6.3 It is preferred that neck ties are not worn. If they are they should be removed or neck tie should be tucked in prior to any activity involving patient contact. No more than one shirt buttons to be undone.

4.6.3 Skirts and dresses must be of a reasonable length so as not to be unbecoming or cause risk to safety.

4.6.4 Whilst on duty, all staff must be smart in appearance, clean and will promote a professional image.

## All Staff

### Trust Identity Badges

Trust photographic identity badges should be visible and prominently displayed by all staff.

It is the employees’ responsibility to ensure they wear this at all times whilst on duty. When working clinically lanyards must not be worn and the identity badge should be attached to the pocket or lapel and use a trust supplied Identify Card clip.

Lanyards must be laundered regularly or replaced if visibly soiled or contaminated. Lanyards must have a safety 3-point release clasp to allow for effective release and be NHS issue, the only exception to this is for staff working in children’s areas, Trade Union Representatives, Volunteers and those with lone working devices worn around the neck.

Identification badges do not replace the need for a verbal communication of identification, and this should be considered as a requirement when meeting patients, visitors, service users or colleagues etc.

### Pin Badges

No more than two badges may be worn at any one time, these must only be Professional Association, charity, awareness, Trade Union pin badges or have been issued by the Trust with the appropriate Trust logo. E.g.: #Hello My name is….

## Smoking

In accordance with the Trust Smokefree policy Trust employees must not smoke in a public area while wearing a full / part NHS uniform and/or a Trust Identification Badge, whether on or off duty (please refer to Smokefree Policy CORP/POL/233 (5)).

# Allowances

## Allowances for Equality reasons

The trust recognises and values the diversity of its workforce in relation to age, disability, gender, gender reassignment, race/ethnicity, religion and belief and sexual orientation and we respect and uphold the right of individuals to the lawful expression of these differences and will take a sensitive approach when this affects dress and uniform requirements - any member of staff who wishes to wear a particular type of clothing or jewellery for cultural, religious or health reasons should discuss their requirements with their Line Manager. However, there may be circumstances in which there are genuine occupational reasons as to why the wearing of certain articles and/or clothing is not permissible, and priority will be given to health and safety, security and infection control.

It is recognised that individuals undergoing gender reassignment may require a review of their issued uniform to accommodate for the transition to their new gender. The Trust will show flexibility and, where possible, ensure that provisions are made available for this to take place.

If a member of staff needs to vary from the standards set out in this policy they should discuss this with their manager who will seek appropriate guidance on an individual basis, with advice and support from Occupational Health, Health and Safety Team and Human Resources as required.

The trust will endeavour to treat such requests sympathetically, balanced against the needs of the service.

All staff must dress in a manner that is sensitive to the social, cultural, diversity and equality needs of other staff, patients and carers/visitors.

# Uniform Allowance

* Full time staff will be issued with 4 sets of uniforms.
* Part time with 3 sets of uniforms.
* Bench Staff will be issued with 2 sets of uniforms.

# References and Associated Documents

1. **BTHFT - Procedure.** Infection Prevention. [Online] 2019. [Cited: 13 8 2019.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-116.docx.

2. **NHS.** Uniforms and workwear: guidance for NHS employers. [Online] 02 04 2020. [Cited: 13 05 2021.] https://www.england.nhs.uk/wp-content/uploads/2020/04/Uniforms-and-Workwear-Guidance-2-April-2020.pdf. Publications approval reference: 001559.

3. **BTHFT - Procedure.** Severe Weather Plan. [Online] 2019. [Cited: 3 10 2019.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PLAN-003.docx.

4. —. Hand Hygiene. [Online] 2019. [Cited: 13 8 2019.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-056.docx.

5. —. Smoke-free Policy. [Online] 2017. [Cited: 3 10 2019.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-233.docx.

6. —. Hand Hygiene Procedure. [Online] 2019. [Cited: 13 8 2019.] http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-418.docx.

7. **Crown.** Health and Safety at Work etc. Act 1974. [Online] 1974. [Cited: 3 10 2019.] http://www.legislation.gov.uk/ukpga/1974/37/contents.

8. —. The Management of Health and Safety at Work Regulations 1999. [Online] 1999. [Cited: 3 10 2019.] http://www.legislation.gov.uk/uksi/1999/3242/contents/made.

9. —. The Control of Substances Hazardous to Health Regulations 2002. [Online] 2002. [Cited: 3 10 2019.] http://www.legislation.gov.uk/uksi/2002/2677/contents/made.

10. **Department of Health.** Uniform and Workwear - An evidence base for developing local policy. [Online] 2007. [Cited: 3 10 2019.] https://webarchive.nationalarchives.gov.uk/20130220145219/http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/documents/digitalasset/dh\_078435.pdf.

11. **Department of Health and Social Care .** Health and Social Care Act 2008: code of practice on the prevention and control of infections. [Online] Last updated 24 July 2015. [Cited: 3 10 2019.] https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance.

12. **Department of Health.** HSG (95)18: Hospital laundry arrangements for used and infected linen - HSG (95)18. [Online] 21 April 1995. [Cited: 3 10 2019.] https://webarchive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH\_4017865.

13. **Gov.uk.** Claim tax relief for your job expenses. [Online] [Cited: 21 11 2019.] https://www.gov.uk/tax-relief-for-employees/uniforms-work-clothing-and-tools.

14. **NMC.** The Code. [Online] 10 10 2018. [Cited: 13 01 2020.] https://www.nmc.org.uk/standards/code/.

15. **Department of Health and Social Care .** Guidance for compliance with criterion 9 (page 22). [Online] 24 07 2015. [Cited: 13 01 2020.] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/449049/Code\_of\_practice\_280715\_acc.pdf.

16. **HSE.** Strategic framework - Securing Health Together. [Online] 2000. [Cited: 13 01 2020.] https://www.hse.gov.uk/aboutus/strategiesandplans/hscplans/strategicplan0104/plan0104-04.htm.

When joining our register, and then renewing their registration, nurses, midwives and nursing associates commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. We can take action if those on our register fail to uphold the Code. In serious cases, this can include removing them from the register.

NMC, August 2018.

* Protect and support the health of individual patients and clients
* Protect and support the health of the wider community
* Act in such a way that justifies the trust and confidence the public have in you
* Uphold and enhance the good reputation of the professions

This statement, by the Nursing and Midwifery Council, is primarily aimed at Nurses and midwives and encompasses the wearing of uniform in the most appropriate and professional manner. However, the statement is relevant to all staff, whether they are required to wear uniform or not. This policy is designed to, and indeed should, reflect a professional Trust image, protect patients and staff and also adhere to health and safety and control of infection recommendations.

| Appendix 1: Equality Impact Assessment Form | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | Organisation Wide | | | **Service or Policy** | Policy | | | **Date Completed:** | | | | June 2013 | | |
| **GROUPS TO BE CONSIDERED**  Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. | | | | | | | | | | | | | | |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**  Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. | | | | | | | | | | | | | | |
| **QUESTION** | | | **RESPONSE** | | | | | | | **IMPACT** | | | | |
| Issue | | | Action | | | | Positive | | | | Negative |
| What is the service, leaflet or policy development?  What are its aims, who are the target audience? | | | The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process. | | | Raise awareness of the Organisations format and processes involved in relation to the procedural document. | | | | Yes – Clear processes identified | | | |  |
| Does the service, leaflet or policy/ development impact on community safety   * Crime * Community cohesion | | | Not applicable to community safety or crime | | | N/A | | | | N/A | | | |  |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | | | No | | | N/A | | | | N/A | | | |  |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | | | No | | | N/A | | | | N/A | | | |  |
| How does the service, leaflet or policy/ development promote equality and diversity? | | | Ensures a cohesive approach across the Organisation in relation to the procedural document. | | | All policies and procedural documents include an EA to identify any positive or negative impacts. | | | |  | | | |  |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | | | The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact. | | |  | | | |  | | | |  |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | | | Our workforce is reflective of the local population. | | |  | | | |  | | | |  |
| Will the service, leaflet or policy/ development   1. Improve economic social conditions in   deprived areas   1. Use brown field sites 2. Improve public spaces including creation of green spaces? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/ development impact on transport?  What are the implications of this? | | | N/A | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | | | N/A | | |  | | | |  | | | |  |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | | | None identified | | |  | | | |  | | | |  |
| Does the policy/development promote access to services and facilities for any group in particular? | | | No | | |  | | | |  | | | |  |
| Does the service, leaflet or policy/development impact on the environment   * During development * At implementation? | | | No | | |  | | | |  | | | |  |
| **ACTION:** | | | | | | | | | | | | | | |
| **Please identify if you are now required to carry out a Full Equality Analysis** | | | | | | | **~~Yes~~** | | **No** | | **(Please delete as appropriate)** | | | |
| **Name of Author:**  **Signature of Author:** | |  | | | | | | | **Date Signed:** | | | |  | |
|  | | | | | | | | | | | | |  | |
| **Name of Lead Person:**  **Signature of Lead Person:** | |  | | | | | | | **Date Signed:** | | | |  | |
|  | | | | | | | | | | | | |  | |
| **Name of Manager:**  **Signature of Manager** | |  | | | | | | | **Date Signed:** | | | |  | |
|  | | | | | | | | | | | | | | |