

## 4.13d Fieldwork Participation Declaration

15 June 2010

### Part A: Personal Details (Mandatory)

This form is to be completed by all participants in a fieldtrip who are not UNE employees. This includes most undergraduate and graduate students. UNE employees do not have to complete this form.

*This personal information is being collected by The University of New England and will be used in accordance with the UNE Privacy Statement: <http://www.une.edu.au/rmo/policies/privacystatement.htm>*

Your full name:			
Student/Staff No.(if any)			
Address while at UNE:			
Phone: (w)	(h)	Mobile:	
Fax:			
Emergency contact name:			
Relationship to you:			
Address of contact person:			
Phone: (w)	(h)	Mobile:	
Does this person have your authorization to grant emergency surgery? <b>Yes/No</b>			

### Part B: Declaration

In undertaking fieldwork I acknowledge that:

1. Non employees attend the fieldwork at their own risk and must exercise due care to ensure my personal safety and the safety of others.
2. I will not put others at risk by my acts or omissions.
3. I will follow any instruction or advice, affecting my safety that is given to me by my supervisor or other authorised UNE staff.
4. I will conduct myself in a safe and responsible manner for the duration of the time I am undertaking fieldwork.
5. I understand that UNE is not responsible for non employees medical and hospital expenses that may be incurred.
6. I understand that in the event of injury, UNE will not reimburse non employees for loss of earnings.

Signature of participant of fieldwork activity \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*To be signed by a parent or guardian if the person making the application is under 18 years of age.*



**Part C: Health details (optional)**

The information you provide about your health status could save your life. Please take time to fill this section out carefully. The purpose of collecting this personal information is to ensure that the Person in Control of the Fieldwork can plan for potential emergency situations. Filling in this section of the form is voluntary. However if you refuse, you could be excluded from participating in certain fieldwork activities, e.g. fieldwork conducted in remote areas isolated from medical support. All the data will be treated as confidential and will be placed in a secure place/database. If your medical circumstance or emergency contact details change, please ensure that this sheet is updated.

The following tables will expand as you type.

1. Are there any medications that you need to carry with you? **Yes/No**

If yes give details:

2. Do you have any allergies? **Yes/No**

If yes give details:

3. Do you have any hygiene/dietary issues that might be relevant? **Yes/No**

If yes give details:

4. Do you have any mobility or other disabilities that may affect or restrict your participation in fieldwork activities? **Yes/No**

If yes give details:

5. Do you have private medical cover? **Yes/No**

If yes :name of fund / insurance provider :

Membership number:

6. Do you have ambulance cover? **Yes/No**

If yes give details:

7. Any other matters that should be known by the Person in Control of the fieldwork activity?

Give details:

TRIM D10/27187