**Part A: Personal Details** (***Mandatory)***

##### This form required to be completed by ALL researchers, staff, students and volunteers completing fieldwork including off campus teaching activity. This is not to be used to collect information from research participants.

##### This personal information is being collected by The University of New England and will be used in accordance with the UNE Privacy Statement.

|  |  |
| --- | --- |
| Your full name:  |  |
| Student/Staff No.(if any) |  |
| Address while at UNE: |  |
| Phone: (w)  | (h) | Mobile: |
| Emergency contact: |  | Relationship to you: |  |
| Address of contact person:  |
| Phone: (w) | (h) | Mobile: |
| Does this person have your authorization to grant emergency surgery? **Yes/No**  |
| Participation Status – What is your status as a participant of this Fieldwork? |
| Staff / Student | VolunteerComplete WHS F034 Volunteer Declaration also | Other |
| *[ ]*  | *[ ]*  | *[ ]*  |

**Part B: Declaration *(Mandatory)***

In undertaking fieldwork I acknowledge that:

1. I understand and have been informed by the Supervisor of the Fieldwork of the risks involved with the fieldwork;
2. I must exercise due care to ensure my personal safety and that of others and 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 I must report any incidents, hazards or injuries to UNE;
6. **ONLY APPLICABLE TO STUDENTS, VOLUNTEERS OR OTHER APPROVED PARTICIPANTS**
6a. I understand that I am not covered under the UNE Workers Insurance and will not be subject to loss of earnings or other potential coverage under this insurance; and

6b. I understand that UNE holds policies for Personal Accident, Corporate Travel and Public Liability that may provide coverage depending on the circumstance. I acknowledge and agree that it is my responsibility to ensure I have adequate insurance coverage for the activities I engage in. (further information can be obtained from insurance@une.edu.au)

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.*

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

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| --- |
| *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 Supervisor of the fieldwork activity?

|  |
| --- |
| *Give details:* |

|  |
| --- |
| ***Records Storage Instructions:*** |
| *This completed form must be recorded in TRIM Container A16/3832 utilising a TRIM license in your School/Business Unit. The naming convention must include the name of the form. Only the HR Team is able to* ***view*** *records in this container.*  |