

WHS UNIT

FIELDWORK PARTICIPANT ACKNOWLEDGMENT

Participant Name: _____ Are you: a student ☐ staff member ☐

Fieldwork Title: _____ Subject Name/Number: _____

Location: _____ Start Date: _____

Fieldwork team leader: _____

This acknowledgement is to be completed by the participant and returned to the organiser or designated officer responsible for the supervision of the field activity before the activity commences. Please note that by not completing this form or failing to follow the instructions provided may jeopardise your ability to participate in the abovementioned fieldwork activity and attain a pass grade or better in the abovementioned subject. Volunteers are to complete the [Volunteer Acknowledgment form](#).

NB: A copy of the completed form is to be retained in the unit's office. The original forms are to be given to the fieldwork party leader to take on the field trip, and used in the event of an emergency.

Please tick the relevant boxes and sign the form.

I have been provided with appropriate health & safety information concerning the fieldwork ☐ YES ☐ NO

I have been provided with a copy of the Fieldwork Risk Assessment Form and am aware of the foreseeable hazards associated with the fieldwork ☐ YES ☐ NO

I understand my behaviour on the fieldwork activity should not jeopardise the health & safety of others. ☐ YES ☐ NO

I have read and understood the University's Student Code of Practice available at: <http://www.uow.edu.au/about/policy/rules/UOW060095.html> ☐ YES ☐ NO

I have sought appropriate medical advice regarding a medical condition and the associated risks in participating in the abovementioned fieldwork activity ☐ YES ☐ NO ☐ NA

I have advised the field activity coordinator/supervisor in writing of medical advice that will assist in the management of my medical condition whilst on the field activity (please attach) ☐ YES ☐ NO ☐ NA

In case of an emergency, the following person is to be contacted:

EMERGENCY CONTACT DETAILS:

Name: _____ Relationship: _____

☎ Home: _____ ☎ Work: _____ ☎ Mobile: _____

STAFF/STUDENT CONTACT DETAILS:

Name: _____ Student Number: _____

Mobile phone number: _____

Signed: _____

For participants under the age of 18:

Parent/Guardian Name: _____

Signed: _____

Privacy: The University of Wollongong is committed to protecting your privacy. The information provided in this form will be managed in accordance with the University's Privacy Policy: <http://www.uow.edu.au/about/privacy/> and will only be used for the purpose of managing your field activity placement(s).