



UOW SAFE@WORK

FIELDWORK PARTICIPANT ACKNOWLEDGEMENT FORM

REFERENCE: [Fieldwork and Off Campus Activities Safety Manual and Guidelines](#)

This acknowledgement is must be completed by the fieldwork participant and returned to the organiser or designated officer responsible for the supervision of the field activity before the activity commences. If your fieldtrip is ongoing, you only need to complete this form once. **However, you must inform your supervisor if there have been any changes to your contact details or medical status during this time period.** Please note that by not completing this form or failing to follow the instructions provided may jeopardise your ability to participate in the above mentioned fieldwork activity and attain a pass grade or better in the abovementioned subject.

If you are a Volunteer (ie. unpaid worker), you must **ALSO** complete the [Unpaid Work Engagement Form](#). Please note that students undertaking fieldwork required by their enrolment are not considered to be volunteers.

NB: A copy of the completed form is to be retained as per your areas requirements. 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.

PARTICIPANT DETAILS

Participant Name:

Student - Number: Staff - Number: Volunteer

Mobile: Email:

MEDICAL CONDITIONS YES NO N/A

I have sought appropriate medical advice regarding a medical condition that I have and the associated risks in participating in the abovementioned fieldwork

I have advised the field activity coordinator/Supervisor about my medical condition so that they will assist in the management of my medical condition whilst on the field activity

EMERGENCY CONTACT DETAILS – In case of emergency, the following person is to be contacted

Name: Relationship:

Home: Work: Mobile:

FIELDWORK DETAILS

Fieldwork Title:

Location: Start Date:

Fieldwork Leader: Subject Name/No:

PARTICIPANT ACKNOWLEDGEMENT YES NO

I have been provided with appropriate health & safety information concerning the fieldwork

I have been provided with a copy of the Fieldwork Risk Assessment Form and am aware of the foreseeable hazards associated with the fieldwork

I understand my behaviour on the fieldwork activity should not jeopardise the health & safety of others

I have read and understood the University's Student Code of Practice available at: <http://www.uow.edu.au/about/policy/rules/UOW060095.html>

PARTICIPANT DECLARATION

I declare that the information provided above is complete and correct to the best of my knowledge, in particular any information regarding medical conditions that may affect my participation in the fieldwork activity.

Signed: Date:

PARENT/GUARDIAN DECLARATION – for participants under the age of 18

Name: Signed: Date:

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).