

Voluntary Workers Insurance Proposal

(This form contains confidential information and must be kept secure by the local Business Unit)

Note that details of any volunteer involved with an official University teaching or research activity are to be submitted and retained by the School/Administrative Unit Office.

Personal information held in the Volunteers register is only to be released for emergency use or to forward to the UWA Insurance and Risk Management Officer in the event of a claim.

PROPOSER: (viz. Academic staff, Administrative Unit manager, Centre Director etc)

Staff Supervisor _____ **Status** _____

Signature: _____ **Date** _____

The following Volunteer will be assisting on official University business:

Volunteer (full name):		
Home Address:		Post Code:
Date of Birth:		
Period of Insurance cover	From:	To:
Location of Work:		
Nature of Work (describe):		
Name of Fieldwork Leader (if not proposer):		

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