

Fieldwork Participant Declaration

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

*UWA Insurance automatically covers participants from 0-80 years. If you are taking someone aged over 80 years, contact AON at uwainsuranceteam@aon.com to include them.

Name:		Staff/Student Number (or name of collaborating organisation)			
Mobile:		Declaration for Year:			
Nature of participation in field trip	UWA Participant	UWA Fieldwork Leader	Non-UWA Volunteer	Non-UWA Collaborator	

Policies	Yes
I have read, understood and agree to adhere to the University Work Health and Safety Policy .	
I am aware of and agree to adhere to the University's procedures on the reporting hazards, incidents and injuries .	
I have read, understood and agree to adhere to the University's policies on Code of Conduct .	
I have read, understood and agree to adhere to the University's Smoking and Alcohol and Other Drugs policies .	

Health, Fitness and Training	Yes	NA
I have received relevant medical advice or been instructed to use prescribed or over the counter medication and have disclosed to my Supervisor, Fieldwork Supervisor or Fieldwork Leader any limitation imposed by my health that may affect my ability to participate safely in the fieldwork activity I will undertake.		
I have received and will follow relevant medical advice concerning the avoidance of health risk and treatment and/or medication of any medical condition during this fieldwork.		
I have discussed the medical advice with my Supervisor, Fieldwork Supervisor or Fieldwork Leader and provided emergency information and/or an action plan if relevant.		
I have planned for medication storage and access during this field trip.		
I consider that I am adequately fit for the tasks required to participate in the fieldwork outlined in the fieldwork plan.		
I have completed / will complete all required training to undertake the tasks in the fieldwork plan prior to commencement of fieldwork.		

General	Yes
I acknowledge that I have a responsibility to work safely in the field, taking reasonable care to protect my own health and safety and that of any other fieldwork participants and members of the public that may be impacted by my actions.	
I agree to comply with all reasonable instruction, procedures and directions provided by the Fieldwork Leader, Supervisor or safety officer and as outlined in the Fieldwork Safety Documentation.	
(Volunteer only): I agree to my personal details being held in a secure, Voluntary Worker's Insurance Register kept by the School/Unit Office.	
I give permission for my image taken undertaking fieldwork to be used for promotional and marketing purposes by UWA in print, electronic and digital publications; by 3rd Party media selected by UWA to promote UWA and its students; for promotional purposes by organisations affiliated with UWA, including Residential Colleges; and for marketing purposes of the University Photographer on their website.	

Emergency Contacts	Contact 1	Contact 2
Name:		
Relationship:		
Phone Number:		

Signature:	Print Name:	Date:
------------	-------------	-------

Hardcopies of this document are considered uncontrolled. Please refer to UWA website or intranet for the latest version.