



FIELDWORK PARTICIPANT DECLARATION

(This form contains confidential information and must be kept secure)

Name:	Staff/Student Number:
Please nominate two people, state their relationship to you and contact phone numbers:	
(1) Name: Relationship: Phone:	(2) Name: Relationship: Phone:

Policies

- I will renew this form annually to enable my participation on UWA fieldwork
- I am aware of 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 am aware of and agree to adhere to the University Guidelines for Conduct in the workplace
- I am aware of and agree to adhere to the University's Smoking and Alcohol and Other Drugs policies
- I am aware of and agree to adhere to all University and Faculty/School policy, procedures and codes of conduct relating to field work

Training

- I have completed the training advised by my supervisor for specialist equipment or extreme conditions, prior to commencement of field work

International Field Trips (to be completed if the field trip is outside of Australia)

- I have received appropriate advice and taken all necessary safety and security precautions
- I have obtained medical advice about health risks and had the required vaccinations related to this field work

Medical Conditions Affecting Field Work Participation

- I have received appropriate medical advice and disclosed to my Supervisor, Field Work Supervisor or Field Work Leader any limitation imposed by my health that may affect my ability to participate safely in the field work activity I will undertake
- I consider that I am adequately fit for the tasks required to participate in the field work outlined in this application
- I have received and will follow relevant medical advice concerning the avoidance of health risk and treatment of any medical condition during this field work

General

- The information that I have provided in this application is accurate and complete
- 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 Field Work participants
- I agree to comply with all procedures and directions provided by the supervisor and as outlined in the Field Work Procedures
- (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 have completed all parts of this form

Signature:	Print Name:	Date:
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