

Fieldwork Participant Form

# Faculty of Science & Technology

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| **PLEASE NOTE:**  **Participant forms allow the Faculty to better manage health and safety risks of staff undertaking fieldwork.**  **This form is to be completed by all fieldwork participants (staff, student, volunteers, external collaborators) and signed by Supervisor. All forms are to be submitted to** [**FST-support@cdu.edu.au**](mailto:FST-support@cdu.edu.au)**.**  **The respective Faculty Executive Member (Discipline Chair/ Director / Associate Dean / Faculty Manager) approves on behalf of the PVC.**    If not submitted through the annual Faculty process, once approved, travellers must submit the form to the Onsite Activity Leader at least TWO WEEKS prior to the field trip to include with the trip paperwork. | | | |
| **Participant Name** |  | |
| **Designation** | CDU Staff  CDU student  Volunteer or other\* | |
| \*Other: | |
| **Supervisor Name** |  | |
| **Supervisor phone number(s)** | Business hours: | After Hours: |
| **Emergency Contacts** | 1. Name: | Phone # |
| 2. Name: | Phone # |

*\*Includes all non-CDU participants. Volunteers must be approved by Team Leader / Discipline Chair/ Research Institute Director / College Manager on behalf of the Dean.*

**Are you fully vaccinated against Coronavirus (Covid-19)?**

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| ***Yes*** | ***No*** | ***Medical Exempt*** |
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**Do you have any health concerns regarding the proposed field work, such as:**

Epilepsy/Fitting Yes  No  Dizziness/Problems with balance Yes  No 

Asthma/Lung/Respiratory problems Yes  No  Migraines/Persistent Headaches Yes  No 

Visual/Eye problems Yes  No  Hearing difficulties Yes  No 

Chest/Heart problems Yes  No  Circulatory problems Yes  No 

High/Low Blood Pressure Yes  No  Muscular/skeletal problems Yes  No 

Allergies Yes  No  Other Yes  No 

If yes to any of the above, please specify;

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**Participant’s Declaration:**

1. *The information that I have provided in this application is accurate and complete.*
2. *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 participants and the public.*
3. *I will disclose to the Onsite Activity Leader any limitation imposed by my health that may affect my ability and will ensure to obtain appropriate medical clearance to allow me to participate safely in the fieldwork activity.*
4. *I will plan to carry adequate supplies of my regular medication(s) or emergency treatment (if applicable) as I am aware that the first aid provisions do not include medications or emergency treatment provisions for my specific condition(s). I will undertake any necessary treatment(s) or obtain vaccinations for any medical condition(s) that occur because of; or may be required for; this fieldwork.*
5. *I understand that it is my responsibility to ensure that I have paid attention to briefs, understand the risks, and complete the required training for each trip, as advised by the fieldwork activity leader.*
6. *I will comply with all procedures and directions provided by the Faculty and Onsite Activity Leader and as outlined in the University and Faculty policies, manuals, procedures, and codes of conduct relating to fieldwork.*
7. *I will enter all fieldwork travel accurately in the CDU travel booking systems and obtain the  
   necessary travel approvals.*
8. *OVERSEAS TRAVEL ONLY - I will register my travel on Smart Traveller and obtain the  
   necessary approval for travelling overseas to countries with a DFAT Warning Level 3.*
9. *I understand that it is mandatory that the Onsite Activity Leader is responsible for contacting the nominated CDU check-in contact (as per Field Trip Plan) upon return to base. I understand that if contact is not made for any reason either throughout the trip, or upon return to base that the emergency procedure will be activated.*
10. *I understand that it is my obligation to notify, and discuss with, the Onsite Activity Leader, if there is any variation to my fitness or medical conditions after this form’s submission.  I take responsibility for completing a new Fieldwork Participant Form if required.*

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Participant Signature Supervisor (not needed if same as final approver)

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Date Date

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Final Approver

Discipline Chair/ Director / Associate Dean / Faculty Manager on behalf of the PVC to approve

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Date