| **Field Trip Participant Information** |  |
| --- | --- |
| Name:  | Staff/Student Number: s |
| **Emergency Contact Details:**  | Nominate who you would like contacted in the event of an emergency |
| Name:  |  |
| Relationship:  |  |
| Phone:  |  |

Policies

[ ]  I have been provided with details of relevant Griffith University policies and procedures as they relate to my participation and I know who to seek clarification from should I have further questions.

[ ]  I am aware of and agree to adhere to all the Organisational Unit’s policy, procedures and codes of conduct relating to field work.

**Training**

[ ]  I have received a briefing/induction and completed all training advised by the Field Trip Leader as necessary for my participation in this field trip.

**International Field Trips – if applicable**

[ ]  I have obtained medical advice about health risks and had the required vaccinations related to this field trip.

[ ]  Where required I have obtained appropriate insurances.

**Medical Conditions**

[ ]  I have received appropriate medical advice and if necessary, submitted a completed *Medical Information Form* to the Field Trip Leader.

[ ]  I consider that I am adequately fit for the tasks required to participate in this field trip.

**General**

[ ]  I acknowledge and understand the contents of the *Field Trip Operational Plan* and the *Field Trip Risk Assessment* for this Field Trip.

[ ]  I understand my obligations and responsibilities as a participant and agree to adhere to the risk control measures implemented for and throughout this field trip, including expected behavioural standards during down time/personal time.

[ ]  I acknowledge 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 trip participants.

[ ]  I agree to comply with all procedures and directions provided by the Field Trip Leader.

[ ]  I understand that I am fully responsible for all of my personal equipment, belongings and money.

[ ]  I agree to my personal details being held in a secure Register kept by the Organisational Unit Office.

| **Signature:** | **Print Name:**  | **Date:** |
| --- | --- | --- |