

Field Activity Participant Declaration & Consent

Human Resources

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| Field Activity  |
| Paper/Course |  |
| Field Activity Description | Start Time & Date | Finish Time & Date | Environment | Risk Level |
| e.g. bush walk |  |  | Uncontrolled | High |
| e.g. law court visit |  |  | Controlled | Low |
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| Participant Details *(to be completed by Participant)* |
| Name |  |
| Employee/Student ID |  |
| College/Service Unit |  |
| Phone |  |

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| Health |
| Please tick if you have any of the following and attach further information about how to manage it | [ ]  Seizures of any type | [ ]  Epilepsy |
| [ ]  Migraine | [ ]  Diabetes |
| [ ]  Allergies (specify) | [ ]  Sleep walking |
| [ ]  Travel sickness | [ ]  Heart condition |
| [ ]  Mental health | [ ]  Asthma or respiratory condition |
| [ ]  Disability (specify): |
| [ ]  Infectious disease (specify): |
| [ ]  Fears/Phobias (specify): |
| [ ]  Other (specify): |
| Do you have COVID-19, or have you recently been tested for COVID-19 and are waiting for your test result? | [ ]  Yes [ ]  No |
| Do you require any regular medication which you will be taking on the field activity? If yes, please detail. Use separate page, if required  | [ ]  Yes [ ]  No |
| Doctor’s name |  |
| Medical Clinic name, address and phone number |  |
| Please advise any special dietary requirements |  |
| Are there any other medical conditions, specific needs or things we should be aware of? |  |
| Health and Safety Skills and Experience |
| Please indicate if you have any health and safety skills and experience should these be required during the field activity, e.g. mountain safety, search and rescue, paramedic. |
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| Next of Kin *(or emergency contact based within New Zealand)* |
| Name |  |
| Relationship to Field Participant |  |
| Address |  |
| Phone(s) |  |

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| Declaration and Consent |
| This declaration and consent authorises | The collection and release of the above health information and subsequent assessments about myself to the University of Canterbury. This consent may extend to service providers, including General Practitioners, specialists, assessment agencies or ACC, but only to the extent required to ensure my Health and Safety at the University of Canterbury and during field activities. I give permission to be taken to a doctor in the event of injury or illness and I acknowledge that I will be responsible for any costs incurred. |
| The University of Canterbury’s legal obligations | The University of Canterbury will at all times comply with the obligations of the Privacy Act 2020 and the Health Information Privacy Code 2020, with regard to the collection, use and storage of the information released in accordance with this consent form.  |
| Expectations | 1. I acknowledge that there may be risks associated with field activities and that these risks may not be completely eliminated.
2. I understand that the University of Canterbury will take all reasonable practicable steps to identify any foreseeable risks or hazards and will exercise all due care to eliminate, isolate or minimise them, should they occur.
3. I understand that I will be advised of these foreseeable risks or hazards and control procedures at the Field Activity Briefing.
4. I have read and understood the University Field Activities Protocol, in particular, my responsibilities as a Field Activity Participant.
5. I understand that I must follow all safety instructions, information and procedures.
6. I understand that if my behaviour causes concern or disruption, I may be sent home at my own cost.
7. I acknowledge that any private vehicles I use in relation to a field activity must comply with New Zealand Land Transport requirements.
8. I acknowledge that circumstances change and that it is my responsibility to ensure all contact and medical information, including medications, is kept up to date. I understand I may be required to arrange a medical assessment and provide a medical certificate confirming my ability to complete the field activity.
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| Ethics and Confidentiality | 1. I agree not to disclose any information about participants in the survey and to treat all data confidentially.
2. I will store all data from the survey in a password protected environment.
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| Verification |
| I declare that the information detailed above is a true and correct record. I give my informed consent to the collection and release of the above information as required to University of Canterbury employees, Activity Leaders, Deputies or Assistants, or medical practitioners.  |
| Participant signature: Date:  |