

Geology BSc(Hons) Research Proposal

All Geology BSc(Hons) candidates must complete and submit a project proposal to the GEOL470 Course Coordinator and the School Administrator before starting their research project.

You must have identified a Senior Supervisor before submitting a proposal and are expected to work with them to develop the research proposal. You will also need to consult the Technical Services Manager and, if applicable, complete a Field Activity Plan. The proposal will be reviewed by the GEOL470 Course Coordinator and may be returned to the candidate if revisions are required. Only once your proposal has been approved, will your enrolment on to the course be finalised.

Deadlines for submitting the final report:

For result at end of Semester 1: **5 pm on 1st day of Semester 1 examination period.**
 For result at end of Semester 2: **5 pm on 1st day of Semester 2 examination period.**

Note: This form is to be completed **in the space provided** in a type font not smaller than 10 point.

Date:

Family/Surname:
Given Name:
UC Student Number:
Local Residential Address:
Home Phone:
Cell Phone:
E-mail Address:

Preliminary Title:

Planned Start Date:

Result Required (End of Semester and Year): S , Y

Report Due Date:

Objectives: *You and your Senior Supervisor must develop a series of key objectives/hypotheses bullet points for your research.*

Brief Outline of your Research: *In collaboration with your Senior Supervisor, explain the objectives and their significance. (This is NOT intended to be an extensive literature review.)*

Methods: *Decide with your Senior Supervisor what methods you will use in your research and list them here.*

Provisional Research Timeline: *Develop in consultation with your Senior Supervisor.*

Technical Staff Assistance: (if applicable)

- Discuss with your Senior Supervisor and indicate clearly what assistance from technical staff you are likely to require, e.g., training in use of equipment; design and building of equipment; field supervision; etc.
- Name the technical staff members involved in your project and indicate the level of involvement for all named staff. You must discuss your plans with those staff and get approval from the Technical Services Manager, who needs to sign below, **before** you submit your proposal.

Approval to Conduct Research: Discuss with your Senior Supervisor whether any organisation needs to approve your research. If the research is dependent on the approval from the University's Human Research Ethics Committee or the Animal Ethics Committee, or any other committee or organisation, that approval process should be undertaken as soon as possible. Those aspects of the research that require approval from an Ethics Committee cannot proceed until the approval has been acquired. More information about the UC Ethics Committees and processes can be found at <https://intranet.canterbury.ac.nz/research/ethics.shtml>

Ethics Approval Required: Yes No
UC Ethics Committee(s):

Approval from Another Organisation Required: (e.g., DOC sampling permit) Yes No
Organisation:

Approval granted (If yes, append approval to Proposal): Yes No Pending

Funding: (if applicable)

a. Obtained: (give source/amount):

b. Requested/To be requested: (give source/amount):

Senior Supervisor:

Name:	
Affiliation:	
Email Address:	
% supervisory contribution	

Co-Supervisor: *(if applicable)*

Name:	
Affiliation:	
Email Address:	
% supervisory contribution	

(Add additional Associate Supervisor boxes if required)

Approval of Supervising Team: *All members of the supervisory team should add their signatures below to indicate that they have read and approved the proposal.*

Senior Supervisor:
Typed name/E-signature:

Date:

Co-Supervisor:
Typed name/E-signature:

Date:

(Add additional Associate Supervisor(s) if required)

School Health and Safety induction has been completed

Yes No N/A

4-wheel-drive certification required/completed

Yes No N/A

Field Activities Plan discussed with Health & Safety Manager

Yes No N/A

Technical support discussed with Technical Services Manager

Yes No N/A

Technical Services Manager
Typed name/E-signature:

Date:

GEOL470 Coordinator:
Typed name/E-signature:

Date:

Student Signature:
Typed name/E-signature:

Date:

Sample Only

Health and Safety Forms change regularly, just before you go into the field please visit the [School Health and Safety website](#) and follow the most up-to-date procedures and complete the most up-to-date version of this form

Field Activity Plan

Human Resources

Activity Leader			
Full Name			
Work Area			
Email		Phone	
Signature		Date	

Deputy Activity Leader <i>(if required)</i>			
Full Name			
Work Area			
Email		Phone	

Approval to Undertake the Field Activity <i>(for completion by Manager/Head or delegated authority i.e. Departmental Safety Officer, Academic Supervisor)</i>	
I consent for this Field Activity to be run to the specifications of the plan.	
Full Name	
Date	
Signature	

Field Activity Details	
Paper/Course	
Purpose of Field Activity	
Start Time and Start Date	
Finish Time and Finish Date	
Return from activity method of notification (who you will notify and how you will notify them)	
Location Contact Address	
Location Contact Phone	
Accommodation	
Map Reference <i>(if no contact address)</i>	
Intended Programme	
<i>Provide brief description of the daily field activities, including location of activities, distance from field HQ, planned route and transportation</i>	

Emergency Contacts <i>(please complete Safety Equipment List on page 4 if required)</i>		
Mobile Phone Number		
Field First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
List names of qualified First Aiders attending the Field Activity <i>(if none, consult the Health & Safety Manager)</i>		
UC Security (anytime)	0800 823 637	
UC Emergency Contact	Name	Matt Cockcroft
	Position	Departmental Safety Officer
	Phone	021 126 5057 or 03 369 5901
Field Station Manager <i>(if relevant)</i>	Name	Jenny Ladley
	Mobile	027 68 67 260
	Office	03 369 5504, Internal ext. 95504
UC Health and Safety Consultant	Name	Grant Craig (contact anytime 24/7 re notifiable event or high risk event)
	Mobile	027 809 2379
	Office Phone	DDI 03 369 3244 Internal ext. 93244

Emergency Procedures
<p><i>What could go wrong despite efforts to control risks? How will you manage the emergency? Consider:</i></p> <ul style="list-style-type: none"> • <i>prevention of further harm or injury</i> • <i>communication</i> • <i>access to emergency services</i> • <i>emergency equipment</i>

Participant Health <i>(group field activities only)</i>		
Attach completed Field Activity Participant Declaration and Consent Forms.		
Name	Description of Health Condition	Controls to be applied

Additional Information <i>(complete the items relevant to your Field Activity)</i>	
Alternative Route/Plans <i>(for bad weather/emergencies etc)</i>	
Have you received consent/permit/access permission for the Field Activity locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify consent/permits obtained	

Are there cultural considerations, e.g. Marae protocol, specimens not to be collected if rahui is in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Accommodation contact person	Name					
	Mobile					
	Office Phone					
Travel arrangements						
Vehicles used for transport		UC vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Rental vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Private vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Car Rental Company (if applicable)						
Vehicle Details (of private vehicles only)		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Make						
Model						
Year						
Colour						
Current Registration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current WOF		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle First Aid Kit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chains		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have all requirements for transportation of hazardous goods been considered? See Land Transport for guidance.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Expected road conditions						
Contingency plan for adverse conditions, e.g. weather, rockfall						
Catering arrangements, e.g. self-catered						
No. of days extra emergency food						
Do your participants have any special requirements with regards to food or medical requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>If medical/allergy related, list in participant health list above.</i>				
If yes, have these people been appropriately catered for?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are you carrying drinking water, purifier or have access to it during the trip? <i>Please specify</i>						
Satellite Phone / UC Mobile Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No	Number			
Personal Locator Beacon		<input type="checkbox"/> Yes <input type="checkbox"/> No	Serial Number			
Mountain Radio		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A			
Emergency Shelter		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	<i>If yes, describe.</i>		
Wet weather gear and thermal clothing requirements		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A			
Any other personal protective clothing and equipment						
Name(s) of qualified/experienced person accompanying the group						
Mandatory certificates, licences and training are current, e.g. Firearms Licence, First Aid Certificate, Driver Licence		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Overseas travel. See University Travel website for guidance. <i>(Provide the destination, visa and vaccination requirements, travel insurance, and security arrangements for risk destinations. Attach the</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

travel itinerary to this plan)

Safety Equipment List

(complete for safety equipment taken, ensure equipment is maintained and relevant training is received)

Type of Equipment	Checked/Maintained	Quantity	Serial Number (if relevant)

SAMPLE

Use this form for Risk assessment of short term work or activity

Work/Activity Details /Risk Assessment

Type of work or activity :		Location		BEIMS No. <i>(if applicable)</i>	
Risk assessment conducted by:		Date:		Time:	

Hazard (An actual or potential source of harm, including behaviour)	Consequence If Hazard Not Controlled (i.e. Injury, Illness, Incident, Property Damage, etc)	Likelihood (L value)	Consequence (C value)	Risk Rating (L x C)	Controls (i.e. Eliminate, Substitute, Guarding, Training, Administrative, PPE)	Residual Risk Rating (The remaining level of risk after controls have been implemented)	Hazard Eliminated or Minimised (E or M)

Person in Control of Work/Activity Position Signature Date	Name Position Signature Date
Hazards not eliminated on completion of work must be recorded on Hazard Register	

How to use this form:

1. List all the known or potential hazards associated with the proposed activity.
2. Identify the potential consequences if the hazard(s) are not controlled.
3. Consider the likelihood of it occurring and the consequence rating if it did occur.
4. Use the Risk Rating Matrix below to rate the hazard risk.
5. Identify suitable control options for the hazard that will reduce the risk levels.
6. Use the Risk Rating Matrix to calculate the residual risk.
7. Record the residual risk rating score against the hazard.
8. Determine if the controls eliminate or minimise the hazard.

Hazard Control Key:

E = Eliminate the Hazard

M= Minimise the likelihood the hazard will cause harm

Risk Rating Matrix

Risk Matrix

Result	Minor (1)	Moderate(2) (first aid only)	Severe (3) (Notifiable Event)	Major (4) (permanent disabling injury)	Catastrophic(5) (Loss of life, > \$1m costs)
Likelihood					
Rare (1)	Low (1)	Low (2)	Low (3)	Low (4)	Medium (5)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Moderate (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Likely (4)	Low (4)	Medium (8)	High (12)	High (16)	Critical (20)
Almost certain (5)	Medium (5)	High (10)	High (15)	Critical (20)	Critical (25)

Risk Categories

Critical & High	Risk treatment strategies to be approved by Supervisor/Manager.
Medium	Risk treatment strategies to be implemented by Person in Control of Work/Activity and any specialist support as required. Strategies to be approved by persons with specialist knowledge or experience.
Low	Risk acceptable – to be managed under normal control procedures (e.g. planning, training, information, supervisor and review).

Risk: the chance of something happening that will impact on your work.

Residual Risk: The levels of risk remaining after all control measures have been implemented.