

THE UNIVERSITY OF ADELAIDE

FIELD ACTIVITY INFORMATION NOTICE

FIELD ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

SCHOOL: Architecture, Landscape Architecture and Urban Design

ORGANISER/SUPERVISOR: _____

The University requires all participants in field activities to read the following information to ensure that they are aware of all requirements and are safe, as far as reasonably practicable, from injury and risk to health.

DISCLAIMER

The University of Adelaide expressly disclaims all and any liability resulting in any actions, claims, demands, losses, damages, costs and expenses, incurred by anyone or for which the University of Adelaide, its servants, employees, contractors, licensees and invitees can become liable in respect of any damage to or destruction or loss of any property (real or personal) belonging to whomsoever, or injury or illness (including death) to any person which may be suffered or sustained by reason of or arising out of the activities undertaken in the field which are not part of the organised program, whether or not such damage, destruction, loss injury or death is caused or contributed to by the carelessness or negligence of the University of Adelaide, its servants, employees, contractors, licensees, invitees, or some or any one of them.

POLICY REGARDING REFUND OF FIELD ACTIVITY PAYMENTS

Students who have paid for, but do not attend a field trip activity, must produce an appropriate medical certificate or statement from the University Counselling Centre regarding their absence from the activity, before any request for a refund will be considered. The School should be advised prior to commencement of the field trip activity of a student's non-attendance due to illness or other compassionate circumstances.

INFORMATION TO STUDENTS

* It is desirable that you travel by bus, however, if you have reasons which make it impossible to travel this way you may use private transport conditional to complying with the following OH&S regulations:

"Private vehicles should only be used as a last resort and then only if the driver has a full licence (ie no provisional licence);

The organiser approving the use of private vehicles must ensure that:

- there is no reasonable alternative to the use of private vehicles;
- drivers are made aware of any special requirements, eg off-road driving;
- drivers are made aware of the University insurance provisions (there are none);
- drivers are made aware that responsibility for the roadworthiness of the vehicle lies with the owner of the vehicle."

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FIELD ACTIVITY ACKNOWLEDGMENT FORM

University policy requires this form is to be completed prior to all appropriate field activities by all participants (students, staff and visitors) and returned to the organiser or designated officer prior to the commencement of the activity. Details of the activity are provided to all participants on the **Information Notice** distributed with this form.

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I acknowledge that I have read the **Information Notice** associated with the above University field activity and shall not intentionally cause concern regarding my safety and health, or that of fellow participants.

I understand that I may seek advice from *University Health* (formerly *Parklands Medical Practice* if I have concern regarding any pre-existing medical condition which may affect my health and safety during or as a result of participation in the above activity.

CONFIDENTIAL HEALTH COUNSELLING IS AVAILABLE FOR ALL PARTICIPANTS THROUGH THE OCCUPATIONAL HEALTH NURSE AND THE "PARKLANDS" HEALTH SERVICE LOCATED AT NORTH TERRACE

"Parklands" Health Service provides a mechanism for disclosure of relevant medical information to a field activity organiser provided written authority is obtained from the individual concerned.

Other relevant information (eg non-confidential medical information, special dietary needs, etc):

Note: Students are responsible for any medical costs resulting from participation in University field activities. Accident insurance is provided for students and details are available from the Student Union.

FULL NAME: (print please) _____

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT: (name of a relative or friend who may be contacted in an emergency)

NAME: _____ TELEPHONE: Home _____

RELATIONSHIP: _____ Business _____

Please return this signed form to the organiser or designated officer before you undertake this field trip

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FIELD ACTIVITY MEDICAL INFORMATION DISCLOSURE FORM

I _____
(insert participants name)

give permission for an Authorised Officer of The "*Parklands*" Health Service

to contact _____
(insert organisers name)

concerning my health and safety during or as a result of participation of the following field activity:

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I acknowledge that there may be a need for the field activity organiser nominated above to discuss with the member of the "*Parklands*" Health Service my involvement in the above field activity.

SIGNATURE: _____

DATE: _____