OFF CAMPUS ACTIVITIES QUESTIONNAIRE

It is recommended that you inform the University of any medical or other conditions, which may affect your comfort or safety, or the safety of others during the activity or placement. Where necessary, any information provided on this form may be disclosed to relevant University personnel.

This information may also be used to assist University, medical or emergency personnel in the event of accident or emergency. This will also help us to ensure that you get the most from this learning experience.

Please lodge your completed questionnaire with the Activity Coordinator at least two weeks before departure. If this form is not completed you will not be able to participate.

To be completed as per the Work Placement / Fieldwork preparatory checklist as required.

	This section to be completed by	Activity co-ordinate	or
Activity Coordinator:			
Date of activity:			
Location of activity:			
Teaching Unit: (If applicable)	Fieldwork lea Deakin Place (Please circle	ment supervisor:	
Activity Details:			
	Note: This section should contain a plain language statement of the proposed activity, covering typical duties that will be undertaken, and disclosing specific risks of participation as fully as possible. The list of duties to be undertaken is indicative but not exhaustive.		
This section to be completed by the Student			
Please note: these forms will be destroyed upon completion of the activity. No details will be retained on file.			
Personal Details	Name:		
	Student Number: Phone: (Home)		
	Phone: (Home)	(IVIODIIE)	
Emergency Contact	Emergency Contact name:		
	Emergency Contact Phone: (Home)	(Mobile))

Consideration of medical conditions

Please consider the prompt list below for any current or historical medical conditions which may affect your safe participation in the proposed activity. Not all conditions are listed. If you are concerned about your ability to participate in the fieldwork activity due to a medical condition please speak to the OHS fieldwork officer and fill in the details of your condition in the next section.

Some conditions which may affect safe participation in the proposed activity

Asthma or Bronchitis

Heart Condition

Fits, Fainting or Blackouts

Severe Headaches

Diabetes

Allergies to any known drugs

Other illness or disability

Travel Sickness

Back, Knee or other joint problems

Any injury, break

Anaphylaxis (life threatening allergies)

Any other allergies, including nut allergies (e.g. peanut butter used in small mammal trapping bait)

Mental illness

This is not a complete list, and is intended only as a prompt.			
Medical condition details (if applicable)	Medical condition:		
details (if applicable)	- Please provide any relevant details, which will assist us to plan this activity to accommodate your needs or may be required in the event of an accident or emergency:		
	- Is there anything else that may affect your comfort or safety, or the safety of others during the activity or placement?		
	A current medical certificate stating that I am <u>unable</u> to safely participate in the planned activity is attached: Yes / No		
	The University reserves the right to deny participation in the activity or any part of it on safety grounds.		
Declaration	Bearing in mind the activity to be undertaken, and considering any medical conditions which may affect my safe participation, I deem that I am able to safely participate in the proposed activity.		
Signature	Signature: Date:		
	Please Print Name:		

Privacy

The information on this form is being collected for the purposes of, in relation to the off-campus activity, assessing health and safety risks and for use in an accident or emergency. If relevant information is not provided, the University's capacity in these matters may be limited. Personal and health information held by the University is subject to the *Information Privacy Act 2000* (Vic) and *Health Records Act 2001* (Vic). The University's information privacy policy is available online at http://theguide.deakin.edu.au/ or by contacting the Privacy Officer on (03) 9246 8114 or privacy@deakin.edu.au/.

Notes for the Activity Coordinator:

Fieldwork

- 1. An Off Campus Activities Questionnaire should be completed by all participants, including staff.
- 2. Copies of all completed Questionnaires should be lodged with the Fieldwork Coordinator at least two weeks before departure and the Fieldwork Leader at least one week before departure.
- 3. The completed forms or a summarised list should be made available to the Fieldwork Leader on a strictly confidential basis. All staff involved must be aware of the University's Information Privacy policy, available online at http://theguide.deakin.edu.au/.
- 4. The students, if applicable, should be given the accommodation address and an emergency telephone number.
- 5. Please review the Fieldwork preparatory checklist
- 6. All forms and information obtained should be destroyed following the completion of the fieldwork

Work Placement

- 1. An Off Campus Activities Questionnaire should be completed by all participants, including staff.
- Copies of all completed Questionnaires should be lodged with the Deakin Placement Supervisor at least two weeks before the placement. The Deakin Placement Supervisor must discuss any issues with the Off-campus Supervisor at least one week before the placement, on a strictly confidential basis.
- 3. Please review the Work Placement Checklist
- 4. All forms and information obtained should be destroyed following the completion of the work placement