



University of
South Australia

Study Overseas Health & Safety Acknowledgement

[This form is to be kept secure and must be destroyed on completion of the activity]

WHS 73A

Overseas activity		Date/s	
Course of study / Research project			
Participant name		Date of Birth	
Phone No		Staff / Student No	
Emergency contact person			
Relationship to you			
Best Phone No		Alternate Phone No	
Alternate contact person		Phone No	
Any known allergies			
Any symptoms of an onset			
Treatment in event of occurrence			
Any current medication			
Any known medical or physical conditions			

Special meal requests and food allergies. Note special meal requests and food allergies on your registration form. UniSA cannot accept responsibility if special requests are not met or food allergies are not observed by relevant service providers, but we will endeavour to pass them on to [insert e.g. airlines, hotels and restaurants arranged by UniSA]. If you have dietary restrictions or food allergies, be sure to carry your medications and allergy / dietary restrictions information with you at all times. We also strongly encourage you to ask the wait staff about the foods you are served, before you consume those foods and to advise them directly of any food allergies.

Acknowledgement information in regard to this overseas activity:

- I have been provided with appropriate health and safety information for this overseas activity, including an explanation of any emergency or evacuation procedures. I understand that I will need to report any safety incidents or injuries that occur to myself or others.
- I have been advised of foreseeable hazards associated with this activity and will raise any safety issues that concern me, whether before or during the fieldwork activity.
- I will comply and co-operate with any reasonable instruction or university policy or procedure.
- I understand my behaviour on this activity should not put the health and safety of myself or others at risk and I will not willfully endanger any of my co-participants.
- I have sought counseling / medical advice, as appropriate, regarding any medical condition that I suffer and the risks associated with this activity.

- I consider that I am adequately fit for the tasks required to participate in the overseas activity and I do not have a medical condition (including any medical condition disclosed on this Acknowledgement) that may impact upon my participation in the activity or which may prevent me from safely participating in it. If that situation changes at any time, I will immediately notify the University of South Australia.
- I understand that I will need to obtain medical advice about any health risks and vaccinations related to the country or countries in which I will be undertaking the activity. I have also been advised to familiarise myself with the local laws of the country or countries where I will be undertaking the activity.
- I understand that the activities involved have an element of risk to person and property, and although every effort is taken to minimise this risk I accept that there is a possibility of harm occurring.
- I understand that although all possible care is taken, the University of South Australia cannot accept responsibility for matters which are outside of its reasonable control, including cancellations, loss or damage of equipment, or accidents that may occur as a result of the fieldwork activities. I accept that the University of South Australia cannot eliminate these risks.
- I accept responsibility for my own actions and my decision to take part in this activity.
- I will, wherever reasonably practicable, advise service providers (including wait staff) directly of any food allergies or dietary restrictions.
- I am aware of the Code of Conduct for Students, and acknowledge that if my actions are non-compliant I could be removed from the activity at my own cost. I understand that the University of South Australia may also institute academic misconduct proceedings if I willfully or maliciously fail to work in a safe manner.
- I consent to the University of South Australia storing, using and disclosing the information contained in this form for the purposes of co-ordinating the overseas activity and any emergency assistance that I may require.

This Study Overseas Activity Acknowledgement is intended to be interpreted and enforced to the fullest extent permitted by law. Even if any part of this Study Overseas Activity Acknowledgement is unlawful or unenforceable, the remaining parts will continue in full force and effect.

Staff / Student / Volunteer Name _____ Signed: _____ Date: _____

If under 18 years: Parent / Guardian Name: _____ Signed: _____ Date: _____