

School of Environment, Education and Development

Day Field Course Health and Safety Declaration

- 1) Last Name:
- 2) First Name:
- 3) Student ID:
- 4) Gender (PLEASE CIRCLE): Male / Female
- 5) My field course is taking place as a component of the course unit (for example GEOG30350 Geography of Life). **Course unit ID:**
- 6) I confirm that I have read, understood and will conform to the Fieldwork Code of Conduct and University Regulation XVII Conduct and Discipline of Students.
- 7) I understand it is my responsibility to advise Student Occupational Health Services of any pre-existing health or medical conditions prior to the field course.
- 8) I confirm that I have received an health and safety briefing regarding the activities involved in my field course and the destination and fully understand my responsibility to myself and my colleagues to adhere to the advice I have been given.
- 9) I confirm that the personal information recorded on the student system is correctly spelled and up to date, including my full name, permanent home address, mobile 'phone number and emergency contact person's name, relationship to me and 'phone number. I understand my responsibility to ensure this information is updated with any changes to this information before the field course.
- 10) I allow the University of Manchester to use photographic or video material taken during the field course for promotional purposes. This may include, but not be limited to, the School of Environment and Development website, newsletters, prospectuses etc. I understand that I will not be financially remunerated, financially or otherwise, and that I may not revoke permission once granted.
- 11) I would like to advise the field course staff of my specific needs as follows (For example, accessibility, dietary requirements, need for regular breaks etc.):
- 12) I confirm that the information I have provided on this survey is correct and that I understand that the University of Manchester cannot accept responsibility for my decision to withhold any information pertinent to my personal health and safety during the field course.

SIGNATURE

DATE: