

## Safety in Practice Agreement: Fieldwork/Placement/Research Activity Student

All students who are required to undertake fieldwork are to establish and maintain their medical, physical and psychological capacity to practice safely and without adverse impact on themselves, professional colleagues and members of the public. The University will ensure reasonable adjustments are in place for your fieldwork/research activity in order for you to undertake the work as far as practicable. It is important you address the questions in this form and email it to your Fieldwork/Unit/Research Coordinator at the commencement of your course of study or research.

**Period of Agreement:** January 1<sup>st</sup>, \_\_\_\_\_ to December 31<sup>st</sup>, \_\_\_\_\_

### Consent:

- a) In line with the University's Health and Safety Policy, Fieldwork Policy and Travel Procedures, Curtin University is committed to providing a welcoming, supportive and safe environment, conducive to learning, research and business activities. The University endeavours to provide a safe environment for study, research, placements/ fieldwork and other university activities and to observe all relevant legislation.
- b) I hereby give my consent for Curtin University to disclose information obtained on this form to the relevant staff in the fieldwork host organization where necessary in order to meet its duty of care responsibilities and in accordance with the University's Privacy Statement.

Name: \_\_\_\_\_ Student/Staff ID: \_\_\_\_\_

Course Name: \_\_\_\_\_

Research Activity: \_\_\_\_\_

### SECTION A

Do you currently have a physical, mental or medical health condition, disability or illness that may impact your ability to participate in fieldwork?

*For further guidance, please contact your Fieldwork/Unit/Research Coordinator for information on Fieldwork requirements.*

Yes  No

If **Yes**, please proceed to Section B

If **No**, please proceed to Section D

### SECTION B – Curtin Access Plan

Do you have a current Curtin Access Plan (CAP) related to your physical, mental or medical condition, disability or illness that you are willing to disclose? *For students, see this [link](#).*

Yes  No

If **Yes**, please attach your completed CAP form and proceed to Section D.

If **No**, please proceed to Section C

**SECTION C – Fitness to Undertake Fieldwork**

If you do not have a Curtin Access Plan (CAP) as outlined in SECTION B, please present this form to your treating doctor to fill out:

1. Student: Full name and Curtin ID

Date of birth:

\_\_\_\_\_

\_\_\_\_\_

2. Does this student have a physical, mental or medical health condition, disability or illness that may impact their ability to participate in fieldwork?

*Please take into account the nature and requirements of the Fieldwork activity and the ability of the student to successfully complete these requirements.*

Yes  No

If **Yes**, please provide details below and attach a medical certificate that provides professional advice on the commencement of activity and/or any limitations and restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of registered Medical Practitioner:

Contact Number:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: Student Declaration**

- a. I confirm my responsibility to obtain the required checks and clearances to ensure these are valid, prior to any professional fieldwork placement.
- b. It is my responsibility to inform relevant staff at the School should there be any changes to my physical, mental or medical condition, disability, or illness during the placement/fieldwork.

Student Name:

Signature:

Date:

**Further advice available from:**

[Curtin Access Plan - Students:](#)

AccessAbility Advisor – [access\\_ability@curtin.edu.au](mailto:access_ability@curtin.edu.au) or 9266 7850