**Fieldwork Participant Form[[1]](#footnote-1)**

To ensure your health and safety during fieldwork you must complete, sign **and return** this Form to your College / School contact. A copy will then be held securely with information only shared with relevant Fieldwork Leader(s).

|  |  |
| --- | --- |
| **Name:** | |
| **Date of Birth:** | **Student / Staff ID Number:** |
| **School:** | **Course:** |
| **Term Time Contact Details:**  Land-line Number:  Mobile Phone:  Email: | **Term Time Address:** |
| **Emergency Contact 1:** *(Name, Number & Relationship eg Parent)* | **Emergency Contact 2:** *(Name, Number & Relationship eg Parent)* |
| **Have you an up to date Tetanus Vaccination:***(up to date Tetanus may be required for some fieldwork)* | |
| **Please detail any health / medical conditions or allergies you feel we should be aware of to ensure your health, safety and well-being whilst participating in fieldwork. For example diabetes, bee sting allergy, latex allergy, epi-pen carrier:** | |

***I confirm the above information is correct and that I will inform the relevant person of any changes if required.***

Name (Print):

Signature: Date:

1. **All data will be held in accordance with the University’s Data Protection Act Policy** [↑](#footnote-ref-1)