|  |  |
| --- | --- |
| **Name and Contact details of Applicant:** |  |
| **Period of Volunteer Work:** |  **to** |
| **Nature of Work** |  |
| **Project Number:** |  |
| **Project Title:** |  |
| **Project Summary:** |  |

**Part A: (To be completed by Applicant)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned volunteer, apply for the above position to undertake unpaid work for the stated period. I understand that as a volunteer worker, I am neither a student nor employee of Federation University, therefore not entitled to any form of payment.

I undertake to release and indemnify the University, its officers, employees and students against all actions, claims, proceedings and demands that may be made against them for any injury, damage or loss (including death and consequential financial loss) arising out of my volunteer duties.

I have completed a Medical Consent Form, which is confidential, kept by the principal researcher and will be not be used for any purpose other than arranging and managing the activity.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part B: (To be completed by Principal Researcher)**

Risk Assessments have been completed for this volunteer work, and the Medical Consent form is on file. All tasks will be completed in accordance with all relevant legislation, industry codes and Australian Standards. The University does hold an insurance policy which covers voluntary workers in respect to personal injury and damage to property only.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part C: (To be completed by the Chair of the AEC)**

Application granted / refused

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Consent Form

This form must be used in accordance with the Occupational Health and Safety Act 2004 (Vic), the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).

This information is required to identify and manage any risk to the volunteer. The Volunteer has the right not to disclose information but cannot hold the University responsible for any harm or loss as a result of the non-disclosure.

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_ /\_\_ / \_\_\_\_

Activity:

Medical Report

All information in this form is confidential and will not be used by the University for any purpose other than arranging and managing the activity. Participants are required to report any change to their medical status that may affect the validity or currency of the below information.

Existing medical conditions:

Ο Heart Condition Ο Diabetes Ο Seizures

Ο Asthma Ο Blackouts Ο Migraine

Ο Travel Sickness Ο Allergy to Penicillin Ο Other

Other medical conditions/allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Mental illness:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Describe any special care of medication required:

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

**Medicare No:**

**Ambulance Member No:**

**Private Health Cover Fund: Member No:**

**Emergency contact:**

**Name:**

**Address:**

**Telephone: (MOB) (W) (H)**

**Email:**

**I certify that the information contained in this form is full and correct, and authorise those in charge to take any steps necessary for my safety or wellbeing, including ambulance travel, medical treatment and/or hospitalisation. I understand that I am responsible for any medical costs. I understand that failure to provide full and correct information in this form may result in cancellation of my participation in this project and I absolve the University of any responsibility for damage arising from missing, incorrect or incomplete information provided in this form.**

**Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_ / \_\_ / \_\_\_\_**

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**You have a right of access to, and correction of, your personal information in accordance with privacy legislation and the University’s information Privacy Policy. Please direct any enquiries you may have in relation to this matter to the University’s Privacy Officer by telephone 03 5327 9021 or email: privacy officer@federation.edu.au**