

Volunteer Registration and Medical Disclosure Form

DPIPWE is committed to protecting the health and safety of volunteers who undertake activities within the Department. In order to meet 'duty of care' obligations the volunteer is required to complete this form. The information provided is intended to assist managers in identifying relevant medical and safety issues associated with the volunteer's involvement in the activity.

Workplace Health and Safety Regulations 26(2) and 26(3) relates to personal medication and health conditions that may affect the safety of the volunteer or other persons in the workplace.

The volunteer will be responsible for advising their manager/supervisor of any change in their health or medical status. A new form must be submitted whenever a change occurs and is to be reviewed by the volunteer's Manager or Supervisor prior to ongoing involvement in the activity.

Volunteers, who have restrictive medical and/or dietary requirements, may be requested by their Manager or Supervisor to seek medical approval prior to participation in the volunteer activity.

Privacy Statement

Any personal information you provide is collected for the purpose of responding to you or for improving the service offered by this department. Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient use and storage of the information. Your personal information may be disclosed to contractors and agents of the Department, law enforcement agencies, courts and other organisations authorised to collect it. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may access your personal information on request to the Department of Primary Industries, Parks, Water and Environment. You may be charged a fee for this service.

Volunteer Registration and Medical Disclosure Form

Office Use Only
DocOne ID

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Contact Details

Full Name:

Residential Address:

Home Phone:

Work Phone:

Mobile Phone:

E-mail address:

DOB (if under 18 years): / /

Person to contact in an emergency

Full Name:

Address:

Relationship:

Home Phone:

Work Phone:

Mobile Phone:

In the event we are unable to contact this person, we will notify your embassy.

Activity

Activity: Weeding Sea Spurge

Note – Volunteer commencement and expiry dates must be completed prior to the submission of this form (in accordance with Section 3.5.5 of DPIPWE - Volunteer Management Policy and Guidelines).

Start Date: 22/09/2019

End Date: 22/09/2019

Location: Abbotsbury Beach, Ansons Bay

Medical Details

Name of Medical Practitioner:

Address:

Phone contact details:

Are you aware of any personal medication condition that may affect your ability to undertake the required duties and/or operate safely when undertaking the volunteer activities:

Are you presently taking medication for the management of a medical condition?

Yes No

Name of medication:

Is the 'taking of' or the 'failure to take' this medication likely to produce an adverse affect that may influence your health and safety when undertaking volunteer activities: Yes No

Known allergies:

Special dietary requirements:

Special religious requirements:

Additional medical and/or treatment details:

Volunteer Declaration

I hereby agree to comply with all reasonable instructions issued by my Supervisor and to adhere to the safety policies and guidelines of the Department. I further acknowledge that I have viewed and understand the protocols associated with volunteer activities to be undertaken as listed in this form and in the attached Work Plan and Emergency Response Protocols.

I declare that I have completed this form to the best of my knowledge and ability, disclosing all relevant facts as they are presently known to me.

I consent to my receiving medical treatment as may be deemed necessary in the event that I am unable to communicate.

Signature of Volunteer:

Signature of Parent/Guardian (*if under 18 years*):

Date: / /

