

The University of Melbourne
Faculty of Medicine, Dentistry and Health Sciences
Advanced Medical Science

International Fieldwork Application

*This form should be completed by the AMS Project Supervisor and submitted to both the AMS Unit Coordinator and the AMS Administrator at the University of Melbourne **at least six weeks prior** to the commencement of any international fieldwork.*

AMS Unit Code: AMS Unit Name:.....

Student Name/s (a list of student names may be attached to this form, if necessary)

On-site (local) Supervisor:.....

International Supervisor/s:.....

Emergency Contact Details:.....

Commencement Date: Completion Date:.....

Site Details (inc. town/city & country, principle research site, accommodation arrangements):

Purpose of fieldwork (inc. tasks that the student will be undertaking):

Please attach a proposed itinerary to this form

Risks/Hazards

Please note any activities that might expose students to risk, indicating whether this risk is high (H), medium (M) or low (L):

Please check the DFAT Travel Warning website: <http://www.smartraveller.gov.au/zw-cgi/view/Advice/>.

What is the current travel advice for this region?

DECLARATION

I undertake that all necessary measures will be taken to ensure the safety of the student/s placed in my care, including the provision of necessary protective equipment and adequate supervision. *I have checked the current status of the international destination on: <http://www.smarttraveller.gov.au/zw-cgi/view/Advice/> and will recheck this just prior to the student's departure.*

Project Supervisor Signature:.....Date:

Office Use Only

Approved

Not Approved

AMS Coordinator Signature:Date: