

*INFORMED CONSENT FROM*

**PRINCIPAL INVESTIGATOR** Associate Professor Brenda Govan  
**PROJECT TITLE** *Research Immersion Program*  
**SCHOOL** Biomedical Sciences  
**CONTACT DETAILS** Biomedical Sciences Building 97 Room 008 ext. 15607

Student as asked to work with microorganism in a PC2 facility (please see research immersion student manual for full details). Time commitments for this program is 5 days. Information collected in this program is solely for the student to create a PowerPoint or Poster presentation and gain research experience.

**I agree** that if I have a medical condition which might be affected, exacerbated or preclude me I will inform the supervisor in charge and I shall abstain from participation. I am aware that any information I give is confidential.

Do you have or aware of any medical conditions that might be affected, exacerbated or preclude you from participating in the research immersion program (please indicate in the space provided);

Medical conditions (if applicable):

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If you have indicated a potential medical condition and you wish to participate you must inform and discuss with your academic supervisor in charge of your project before the undertaking of any task.

**The aim of this project have been clearly explained to me.**

**I understand** what is wanted of me.

**I know** that taking part is this is voluntary and I am aware that I need not participate and can stop at any time without affect my completion of the program.

**I have** read the research immersion student manual and agree to participate in all activities described in the manual.

**I understand** that every effort is made to keep my information confidential but this cannot be assured in every case and no names will be used to identify me with this without my approval.

|                                   |       |
|-----------------------------------|-------|
| Student name ( <i>printed</i> ):  |       |
| Student signature:                | Date: |
| Guardian name ( <i>printed</i> ): |       |
| Guardian signature:               | Date: |
| Relationship to student:          |       |

# Talent Release Form 2018

|                    |  |
|--------------------|--|
| Full Name:         |  |
| Telephone contact: |  |
| Email:             |  |

I (name) \_\_\_\_\_, hereby consent for James Cook University to use any photograph and/or video footage taken of me or provided by me, whole or in part; recordings of my voice and/or written extraction, whole or in part of such recordings; and to use the information contained therein for any purpose in connection to learning and teaching including but not limited to: study guides, websites, social media and other forms of media.

By signing this form I agree that electronic and/or hard copy of photographic images and/or recordings of me and/or my profile are collected and stored for the purposes above.

I understand that the images and/or recordings of me and/or my profile will only be accessed by James Cook University employees, including persons acting under its permission or authority, such as commissioned agency.

I acknowledge that the information I have provided may be used to contact me; however, my details will not pass on to any third party without your approval.

I waive any right to inspect or approve of the finished product, including written copy that may appear in connection with my images and/or recordings of me and/or profile.

I understand that the use of the images and/or recordings of me and/or my profile does not give me any right to request payment and that no payment will be made to me in return for reproduction of any such image, recording or profile.

**I have read and understood the terms of this release.**

Student name (*printed*):

\_\_\_\_\_  
Student signature:

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

**Please complete this section if the model is a minor:**

I am the parent or guardian of the minor named in the release above and have legal authority to execute the above release. I hereby approve the foregoing on behalf of the above named minor.

Guardian name (*printed*):

\_\_\_\_\_  
Guardian signature:

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

# To be completed on first day of course by student and supervisor



## College of Public Health, Medical & Veterinary Sciences James Cook University

### General PC2 Laboratory Induction for Veterinary & Biomedicine Precinct

You must read and observe these instructions. Please tick beside each instruction to indicate your understanding, sign and date the form.

- All persons entering the PC2 Laboratory must act in a safe and professional manner at all times.
- Fully enclosed shoes**, covering the dorsal surface of the foot to the ankle and heel must be worn at all times in the laboratory.
- A laboratory gown must be worn at all times in the laboratory** as this is a requirement of the PC2 laboratory regardless of the nature of the work being completed. Lab gowns must be removed before leaving the laboratory and put on the hooks provided.
- Cuts and abrasions**, especially on the hands, must be covered with a waterproof dressing or band-aid prior to entering the laboratory.
- Disposable gloves must be used if hazardous chemicals, animal tissue, products of animal tissues, and animal or human body fluids are used.
- Safety glasses must be worn in the PC2 lab if you are instructed to do so.
- Hair longer than shoulder length must be tied back and loose jewelry removed.
- Hands must be washed every time you leave the laboratory, except in the case of a fire.
- All equipment failures are to be reported immediately to the person in charge.
- All incidents and hazards must be reported** to the person in charge immediately. An incident report must be generated ASAP.
- All sharps must be placed in the sharps disposal bins (yellow with red lids).
- All biohazard waste must be disposed of correctly.
- All stools must be placed under a bench or out of the way when work is completed.
- If the fire alarm sounds, evacuate the laboratory immediately via the exits and assemble where instructed. Do not return to the building or wander off until advised to by the authorities that it is safe to do so.
- Be familiar with the location of the safety showers, eye wash and spill kit locations.

The following is **forbidden in the Laboratory**:

- Eating and drinking, smoking, applying cosmetics
- Use of mobile phones, calculators and timer functions
- Bags or handbags, hats

The following is **permitted on the condition** you recognize items brought into the PC2 Lab may become contaminated and used at your own risk: Laptops, iPad, tablets, or other electronic devices.

**You will** be instructed to leave the facilities if your conduct is deemed dangerous or disruptive.

**You will** comply with the instructions or direction of university staff.

|   |       |
|---|-------|
| Name of person inducted ( <i>printed</i> ): |       |
| Signature:                                  | Date: |
| Supervisor ( <i>printed</i> ):              |       |
| Signature:                                  | Date: |

## Parent / Carer Authority, Consent and Release – JCU Work Experience

I consent to my son/daughter \_\_\_\_\_ attending James Cook University for the purposes of obtaining work experience (“the Work Experience”).

### Exclusion of Liability Provision

- Whilst JCU will take all reasonable care to avoid injury to persons or damage to or loss of property during the Work Experience, JCU will not be liable for personal injury or property loss or damage of any kind whatsoever.
- **I confirm that I have read the exclusion of liability provision (see above paragraph) and by signing this Form release JCU and its employees, contractors, agents and successors in title free from any and all liabilities, claims or actions whatsoever or however caused, arising as a result of or in connection with, directly or indirectly, my child’s participation in the Work Experience.**

### Accident, Illness or Damage

- In the event of an accident or illness, I give permission for JCU employees to obtain or administer any medical assistance or treatment that my child may reasonably require. Should this be necessary, I understand that I will be notified as soon as possible and I accept liability for all reasonable costs incurred by JCU in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse JCU the full amount of those costs.
- I agree that if my child demonstrates any behaviour that is disruptive or negative in the opinion of JCU during the Work Experience, I will accept the early return of my child and will collect my child from the campus at my own expense.
- I agree that my child will be required to observe all directions given by JCU supervisors with respect to safety, the use of JCU equipment and facilities and interaction with other persons (including other students) during the Work Experience.
- I agree to compensate JCU and any other owner of property for any damage that my child willfully or negligently causes to their property during the Work Experience.

### Use of Photographs and/or Video/Digital Footage

- I understand that JCU and/or your school may wish to take photographs and/or video/digital footage (“the Images”) of my child participating in the Work Experience, to store those Images and to use those Images in the promotion of the Work Experience and JCU and Northern Beaches State High School.
- **By signing this Form, I give permission for JCU and/or your school to take Images of my child participating in the Work Experience and to use the Images in the promotion of the Work Experience and JCU and your school generally on TV, radio or in newspapers, in trade and other journals and on the internet.**

Signed: \_\_\_\_\_

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

Name: \_\_\_\_\_ (Mother/Father/Carer) Telephone: \_\_\_\_\_

Does your child have any medical requirement (please circle)? Yes No

If Yes provide details:

\_\_\_\_\_

### **Privacy Notice**

James Cook University (JCU) is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the Work Experience;
- help coordinate the Work Experience;
- respond to any injury or medical condition that may arise during, or as a result of the Work Experience;
- for the other purposes set out in this form.

The information will only be accessed by authorised JCU employees and contractors and will be dealt with in accordance with the requirements of the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given JCU permission for the information to be disclosed.

Your rights to access and amend your personal information are set out in the Information Privacy Act 2009 (Qld) which also places obligations on JCU as to how we handle your personal information. For further information concerning privacy please direct your inquiries to Division of Tropical Health and Medicine at [dthmplacements@jcu.edu.au](mailto:dthmplacements@jcu.edu.au).

## Confidentiality Acknowledgement – JCU Work Experience

Student Name: .....

- I acknowledge that whilst I am undertaking work experience at James Cook University (JCU) I may have access to confidential and personal information about JCU or clients of JCU.
- I understand the obligation of confidentiality of information concerning JCU and the personal affairs of clients of JCU.
- I will not at any time disclose any Confidential Information or Personal Information relating to JCU or a client of JCU that I become aware of during my work experience unless the disclosure of the information:
  - (a) is necessary to enable an employee of JCU or I to perform our duties; or
  - (b) is for the purpose of obtaining legal advice from a registered legal practitioner; or
  - (c) is required pursuant to an order of a Court, Commission or Tribunal; or
  - (d) is in accordance with the Privacy Act 1988 (Cth) and the Information Privacy Act 2009 (Qld).
- I will not disclose any private or commercial information (eg. relating to JCU or JCU staff or clients) that I become aware of (regardless of how obtained) during the work experience.
- I will not remove from the premises of JCU, any written or hardcopy documents/files or any electronic files, which belong to JCU, including those which may contain Confidential Information or Personal Information relating to a client of JCU or the operation of JCU.
- I will not make any record(s) (other than on documents or files which belong to JCU), during or after completion of my work experience, which may identify any clients of JCU. I further undertake not to remove from the premises of JCU any written or hardcopy documents/files or any electronic files which I have prepared during my work experience and which may identify a client of JCU. I acknowledge that in order to ensure a client is not identifiable; I must not record any of the following details where the recording of one or more of the details would enable the client to be identified:
  - (a) the name of the client;
  - (b) initials of the client's name;
  - (c) the client's date of birth;
  - (d) any names of the client's relatives;
  - (e) the name or details of JCU; or
  - (f) the names or details of any of JCU's staff.
- I will not publish on social media (including Facebook, Twitter, or any other social media website) any photographs, details or information of any kind, which I have gained or observed during my work experience. I also undertake not to discuss any details or information gained or observed during my work experience which may identify a client of JCU.

**'Confidential Information'** includes, but is not limited to:

- (a) information which by its very nature might be reasonably understood to be confidential or to have been disclosed in confidence;
- (b) information which JCU indicates is confidential;
- (c) information which relates to any arrangements or transactions between JCU and its clients;
- (d) information which would be of a commercial value to a competitor of JCU; or
- (e) all records based on or incorporating information referred to in clauses (a) to (d).

**'Personal Information'** is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- (a) whether the information or opinion is true or not; and
- (b) whether the information or opinion is recorded in a material form or not.

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

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

**By signing below you are the guardian of the above student and you understand the responsibility of confidentiality asked of the above student.**

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

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