

Staff and students participating in the field trip are required to complete a participant safety acknowledgement (PSA) form.

An email will be sent to your inbox which contains a link to the participant safety acknowledgement form. If you click on the link, please ignore step 1-3.

Participant safety acknowledgement process

1. From the FlinSafe home page, select *Participant safety acknowledgements*.



2. Select My open participant safety acknowledgements.







3. Select from the list of items which field trip you will complete the participant safety acknowledgement form for and open it by clicking on the Reference ID. If you would like to look at details of the field trip, click on the Field Trip Reference ID to open the Field Trip record.

FlinSafe								
	HOME > PARTICIPANT SAFET	Y ACKNOWLEDGEMENTS > MY	PEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS					
	Date From	00	Date To	46				
	Field Trip Leader Name							
	Reference ID	Field Trip Reference ID	Field Trip Title		Field Trip Leader's Name	Start Date	Due Date	
	FT007142-PAR002	FT007142				16/05/2022, 03:30:00	16/05/2022	
	FT007134-PAR001	FT007134				10/05/2022, 07:18:00	10/05/2022	
	FT007125-PAR001	FT007125				27/04/2022, 14:39:00	27/04/2022	
	FT007124-PAR001	FT007124				26/04/2022, 14:33:00	26/04/2022	

4. Read through the participant safety acknowledgement form and select **Yes** or **No** to agree to the conditions.

Reference ID Regarding F1007142-PAR002 F1007142 1.1 will obey all reasonable directions from Field Trip Leader. F1007142 2. Wear appropriate clothing for prevailing weather conditions (stardy, enclosed footwear and hat are required). F1007142 3. Stay clear of hazardous areas or dangerous locations (e.g. cliff edges, mine shafts, quary faces and open slopes). seleave in an orderly and respectful manner at all times. 4. Behave in an orderly and respectful manner at all times. S. Respect the property of others at all times – such as that of landowners and places where you are accommodated. 6. Do not leave your group without notifying the Field Trip Leader of your intended movements in time and place. T. Will not take any prohibited items on the trip (see guidelines). 8. No recreational drugs are permitted. Limit the consumption of alcohol to ensure that you do not endanger your own safety or the safety of any other person on the field trip. 9. I understand all participants are expected to assist in housekeeping duties as directed by the Field Trip Leader.		Guidelines Participant Details	Attachments	Submit	
FT007142-PAR002 FT007142 1. I will obey all reasonable directions from Field Trip Leader.		Reference ID			Regarding
1. I will obey all reasonable directions from Field Trip Leader. 2. Wear appropriate clothing for prevailing weather conditions (sturdy, enclosed footwear and hat are required). 3. Stay clear of hazandous areas or dangerous locations (e.g. cliff edges, mine shafts, quarry faces and open slopes). 4. Behave in an orderly and respectful manner at all times. 5. Respect the property of others at all times – such as that of landowners and places where you are accommodated. 6. Do not leave your group without notifying the Field Trip Leader of your intended movements in time and place. 7. Will not take any prohibited items on the trip (see guidelines). 8. No recreational drugs are permitted. Limit the consumption of alcohol to ensure that you do not endanger your own safety or the safety of any other person on the field trip. 9. I understand all participants are expected to assist in housekeeping duties as directed by the Field Trip Leader.		FT007142-PAR002			FT007142
In origination of a minimum of a minimum reaction in summaries outlines solution. II. COVID - I understand I will not participant on the field trip if I am symptomatic, test positive for COVID or am under a government isolation / quarantine directive. I have read, understood and agree to the conditions of this field trip. I agree that I will not intentionally cause any concern regarding my own health and safety or that of others on the field trip and	ſ	 Wear appropriate clothing for prevailing we. Stay clear of hazardous areas or dangerous I Behave in an orderly and respectful manner Respect the property of others at all times – Do not leave your group without notifying it Will not take any prohibited items on the trip No recreational drugs are permitted. Limit th I understand all participants are expected to University insurance – including private veh COVID - I understand I will not participant or 	ther conditions (sturdy, enclo ocations (e.g. cliff edges, mine at all times. such as that of landowners an ne Field Trip Leader of your int o (see guidelines), te consumption of alcohol to o assist in housekeeping duties icle insurance is understood. In the field trip if I am symptou ms of this field trip. I agree th	sed footwear and hat are ret e shafts, quarry faces and op id places where you are acco tended movements in time a ensure that you do not enda as directed by the Field Trip matic, test positive for COVII at i will not intentionally cau	juired). en slopes). mmodated. nd place. nger your own safety or the safety of any other person on the field trip. Leader. 2 or am under a government isolation / quarantine directive.
informed of the specific risks associated with the field trip.*		informed of the specific risks associated with the	field trip.*		Yes





5. Select **yes** or **no** to give permission for medical treatment to be administered to you in the event of an emergency.

	Guidelines	Participant Details	Attachments	Submit						
	Reference ID				Regarding					
	FT007142-PAR	8002			FT007142					
	1. I will obey all n	easonable directions from Field	Trip Leader.							
	2. Wear appropri	iate clothing for prevailing weat	ther conditions (sturdy, enclo	osed footwear and hat are re	quired).					
	3. Stay clear of h	azardous areas or dangerous lo	cations (e.g. cliff edges, min	e shafts, quarry faces and op	en slopes).					
	4. Behave in an o	orderly and respectful manner a	t all times.							
	5. Respect the pr	roperty of others at all times – s	uch as that of landowners ar	nd places where you are acco	ommodated.					
	6. Do not leave y	our group without notifying the	e Field Trip Leader of your in	tended movements in time	and place.					
	7. Will not take a	any prohibited items on the trip	(see guidelines).							
	8. No recreationa	8. No recreational drugs are permitted. Limit the consumption of alcohol to ensure that you do not endanger your own safety or the safety of any other person on the field trip.								
	9. I understand a	all participants are expected to a	assist in housekeeping duties	s as directed by the Field Trip	Leader.					
	10. University ins	surance – including private vehic	cle insurance is understood.							
	11. COVID - I understand I will not participant on the field trip if I am symptomatic, test positive for COVID or am under a government isolation / quarantine directive.									
I have read, understood and agree to the conditions of this field trip. I agree that I will not intentionally cause any concern regarding my own health and safety or that of others on the field trip and have been informed of the specific risks associated with the field trip.*										
						Yes				
	I hereby give permi	ission for medical treatment to l	be administered to me in the	e event of an emergency.*		Yes				

6. Click the *next arrow* or the *Participant Details* tab

FlinSafe							
	Guidelines	Participant Details	Attachments	Submit			
		🔒 Print		Close	2	→	ļ





7. Enter in your *mobile phone* or *Australian phone number*.

HOME > PARTICIPA	NT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS > FT007142-PAR002							
	Cuidelines Participant Details Attachments Submit							
	Name *							
	Australian Phone / Mobile * Participant Type *							
1	Do you have a medical condition or allergy which may impact on your health and safety during the field trip?* Yes N							
	Medical information has been pre-populated from previous field trip. Please confirm that the populated information is correct.							
	This is a confidential form. For the duration of the field trip this document will be held on the system and only accessed by the Field Trip Leader and the University Nominated Contact Person. Field Trip endorsers and authorisers may access the field trip record, which contains this participant safety acknowledgement form (i.e. WHS Trained Person, Supervisor and School Dean): however this will be limited to people managing the field trip.							
	Emergency Contact Details Within Australia							
	Emergency Contact Name * Emergency Contact Phone *							
	Alternative Emergency Contact Name Alternative Emergency Contact Phone							
	← Close →							

8. Enter your mobile phone number and select your *Participant Type*.

	Guidelines Participant Details Attachments Submit
	Name "
	Australian Phone / Mobile * Participant Type *
pant Tune *	Do you have a medical condition or alleroy which may invast on your health and safety during the field trio?
pant Type "	mation is correct.
	v accessed by the Field Trip Leader and the University Nominated Contact Person. Field Trip ment Vorm (see verson: Supervisor and School Dean); however this will be limited ment vorm (see verson: Supervisor and School Dean); however this will be limited
iff ident	
her	ergency Contact Phone *
	Alternative Emergency Contact Name Alternative Emergency Contact Phone





9. Select **yes** or **no** to having a medical condition or allergy which could impact you during the field trip.

FlinSafe							
	HOME > PARTICIP	ANT SAFETY ACKNOWL	EDGEMENT > MY OPEN PART	ICIPANT SAFETY ACKNOW	LEDGEMENTS > FT007142-P	AR002	<u>^</u>
		Guidelines	Participant Details	Attachments	Submit		
		Name *					
		Australian Phone / N	1obile *			Participant Type *	
							~
		Do you have a medic	al condition or allergy which r	may impact on your health a	nd safety during the field tri	p?*	Yes No

10. If you answered **Yes** to question 9, complete the additional medical information shown below. If you answered **No**, skip to step 11.

FlinSafe	
	Guidelines Participant Details Attachments Submit
	Australian Phone / Mobile * Participant Type *
	· · · · · · · · · · · · · · · · · · ·
	Do you have a medical condition or allergy which may impact on your health and safety during the field trip?" Yes No
	Medical information has been pre-populated from previous field trip. Please confirm that the populated information is correct.
	Medical Condition *
	Medication *
	Allergies *
	This is a confidential form. For the duration of the field trip this document will be held on the system and only accessed by the Field Trip Leader and the University Nominated Contact Person. Field Trip
	endorsers and authorisers may access the field trip record, which contains this participant safety acknowledgement form (i.e. WHS Trained Person, Supervisor and School Dean); however this will be limited to people managing the field trip.
	Emergency Contact Details Within Australia
	← Close →





11. Enter in your *emergency contact details*. This is the phone and name details for someone in Australia who can be contacted in the case of an emergency.

Guidalines Participant Datails Attachments Submit
Name *
Australian Phone / Mobile * Participant Type *
Do you have a medical condition or allergy which may impact on your health and safety during the field trip?" Yes N
Medical information has been pre-populated from previous field trip. Please confirm that the populated information is correct.
This is a confidential form. For the duration of the field trip this document will be held on the system and only accessed by the Field Trip Leader and the University Nominated Contact Person. Field Trip endorsers and authorisers may access the field trip record, which contains this participant safety acknowledgement form (i.e. WHS Trained Person, Supervisor and School Dean); however this will be limited to people managing the field trip.
Emergency Contact Details Within Australia
Emergency Contact Name * Emergency Contact Phone *
Alternative Emergency Contact Name Alternative Emergency Contact Phone
Alternative Emergency Contact Name Alternative Emergency Contact Phone

12. Click on the *next arrow* or select the *Attachments* tab.

FlinSafe							
	Guidelines	Participant Details	Attachments	Submit			^
		÷		Close	e	÷	•





If your field trip requires an attachment to be included, for example a police clearance, click on the *Attachments* icon. Then select *Choose file* to add a file. Click *Add* or *Add & New* to add multiple files.

FlinSafe			on -
, i i i i i i i i i i i i i i i i i i i	IOME > PARTICIPANT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMEN	ITS > FT007142-PAR002	
	Guidelines Participant Details Attachments	Submit	
	Warning! Please make sure you upload/download attachments whilst connected to your local ne	work only (i.e. not in a remote area or area with limited connectivity).	
	Attachment Title Attachm	ent Name	File Type
_			
		Close	>
File to Cl Attack	w Attachment o upload* noose file N o file chosen nument Title * num File Size is 20MB. Close Add Add & New		





14. Once all attachments required are added, click the *next arrow* or the *submit* tab.

FlinSafe								
	HOME > PARTICIPANT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS > FT007142-PAR002							
	Guidelines	Participant Details						
	Warning! Please make sure you upload/download attachments whilst connected to your local network only (i.e. not in a remote area or area with limited connectivity).							
	Attachme	nt Title Attachment N	ame File Type			Remove		
	test	Test.docx	applicatio	n/vnd.openxmlformats-officedocument.wordprocessingml.docu	ment	×		
	test	Test.pdf	applicatio	n/pdf		×		
		÷		Close	→			

15. Select **yes** or **no** if you will be under 18 years of age at the time of the field trip, and if you have entered all details that are true and correct.

FlinSafe										
	HOME > PARTICIPANT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS > FT007142-PAR002									
		Guidelines	Participant Details	Attachments	Submit					
	Will you be under 18 years of age at the time of the field trip?" Are these details true and correct?" Open the Field Trip								Yes No Yes No	
	Complete the Participant Safety Acknowledgement?"								Yes No Yes No	
		Participant Signed D	ate			Ê	HH : MM			
			÷		Close			Submit		





16. If you are under 18 at the time of the field trip, complete the additional questions and attach the signed scanned document as per instructions on the screen. Skip to step 17 if you are not under 18.

Will you be under 18 years of age at the time of the field trip?"	Yes No
Participant is under age. Please click the print button on the Guidelines tab, obtain Parent / Guardian signature, th	n scan and attach to this form in the Attachments tab.
Parent / Guardian Signature (under 18)	Parent / Guardian Name
Parent / Guardian Signed Date	

17. Select **yes** or **no** if you have read and understood the field trip, and if you have completed the Participant safety acknowledgement.

FlinSafe										
	HOME > PARTICIPANT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS > FT007142-PAR002									
		Guidelines	Participant Details	Attachments	Submit					
		Will you be under 18	years of age at the time of the	e field trip?*				Yes No		
		Are these details tru	e and correct?*					Yes No		
	Open the Field Trip									
	I have read and understood the Field Trip*							Yes No		
		Complete the Partici	ipant Safety Acknowledgement	?*				Yes No		
		Participant Signed D	ate							
		DD/MM/YYYY				🛗 нн :	MM			
			÷		Close	e	Submit			





 Once you have completed all the questions in the submit tab, click on Submit.

FlinSafe									
	HOME > PARTICIPANT SAFETY ACKNOWLEDGEMENT > MY OPEN PARTICIPANT SAFETY ACKNOWLEDGEMENTS > FT007142-PAR002								
		Guidelines	Participant Details	Attachments	Submit				
		Will you be under 18	years of age at the time of the	e field trip?*					Yes No
		Are these details true	e and correct?*						Yes No
		Open the Field	Trip						
		I have read and unde	erstood the Field Trip*						Yes No
		Complete the Partici	pant Safety Acknowledgement	i5.					Yes No
		Participant Signed D	ate						
		17/05/2022				m	08 : 54		
			+		Close	•		Submit	

 The Updating Participant pop up window will be displayed as the system saves the information. If you have not missed any steps, you will be navigated back to the My open participant safety acknowledgements page.

	े	Updating Part	icipant					
			\bigcirc]			
Flin	Safe							
		HOME > PARTICIPANT SAFETY	ACKNOWLEDGEMENTS > MY	OPEN PARTICIPANT SAFETY ACKNO	WLEDGEMENTS			
		Date From	m	Date To	£			
		Field Trip Leader Name						
		Reference ID	Field Trip Reference ID	Field Trip Title		Field Trip Leader's Name	Start Date	Due Date
		FT007134-PAR001	FT007134				10/05/2022, 07:18:00	10/05/2022
		FT007125-PAR001	FT007125				27/04/2022, 14:39:00	27/04/2022
		FT007124-PAR001	FT007124				26/04/2022, 14:33:00	26/04/2022
		FT007121-PAR001	FT007121				19/04/2022, 15:32:00	19/04/2022
		0 selected / 21 total					ŀ	< < 1 2 3 > ►I

This ends the process.

