

Graduate Student Risk Assessment Form

The Graduate Student Risk Assessment Guidelines of the Faculty of Graduate Studies serve to assist graduate students in identifying appropriate health and safety considerations and preventative efforts prior to departing for field activities.

For more information, please visit [Graduate Student Risk Assessment](#).

Graduate Student Information	
Surname:	Given Name(s):
Student Number:	E-mail:
Phone Number:	Graduate Program:
Graduate Degree:	
Supervisor Information	
Surname:	Given Name(s):
Email:	
Emergency Contact #1	
Surname:	Given Name(s):
Phone Number:	E-mail:
Relationship:	Mailing Address:
Emergency Contact #2	
Surname:	Given Name(s):
Phone Number:	E-mail:
Relationship:	Mailing Address:

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.

Research Travel Information

Consult the [Graduate Student Risk Assessment Guidelines](#) to inform your submission

Field Activities (identify project details)

(here and after the 'Field Activities')

Anticipated Start Date:

Anticipated End Date:

Accommodation Details (address):

City:

Province/State:

Country:

Email Address (for your time away):

Phone Number (for your time away):

Nearest Hospital to Field Site Address

Hospital Name:

Hospital Address:

City:

Province/State:

Country:

Phone Number:

Graduate Student Risk Assessment Checklist

I have fully informed my emergency contacts of the risks associated with my proposed Field Activities.

☐ Yes

I will have access to my completed Risk Assessment Plan during my Field Activities, using the template provided through the **Graduate Student Risk Assessment Guidelines**.

☐ Yes

I have health and accident insurance for the duration of my stay at my field site

☐ Yes

☐ Not Applicable

If I am traveling outside of Canada, I confirm that I have consulted with York International (safetyabroad@yorku.ca) for pre-departure and risk management supports, and that they have confirmed my health and accident insurance for the duration of my stay at my field site.

☐ Yes

☐ No

☐ Not Applicable (no international travel)

Traveling Outside of Canada (Registration of Canadians Abroad)

☐ If I am traveling outside of Canada I have considered registering my information in the Registration of Canadians Abroad program

☐ If I am not a Canadian citizen, I have considered contacting my country's nearest consular office to determine if it has a similar registration program in place

☐ Not Applicable (no international travel)

I will continue to monitor travel advisories issued by the Canadian government pertinent to my proposed Field Activities

☐ Yes

☐ Not Applicable (no international travel)

Graduate Student Risk Assessment Undertaking, Release and Checklist

In consideration of being permitted to conduct Field Activities in the city and country indicated in my submission for the anticipated dates selected, under the auspices of my graduate program at York University, Toronto, Canada, I agree that I shall conduct the research in a responsible and professional manner.

I have read and understand the **Graduate Student Risk Assessment Guidelines** of the Faculty of Graduate Studies.

I have completed the Graduate Risk Assessment Checklist as part of this form, and I affirm that I am now and will keep myself in compliance with the requirements set forth in that submission. I undertake to advise the Faculty of Graduate Studies of any changes in the arrangements for my Field Activities by updating the Graduate Student Risk Assessment Form.

I acknowledge that there may be certain dangers inherent in undertaking this research in the proposed location(s) and I understand the risks.

I have fully informed by emergency contacts regarding all aspects of my proposed Field Activities, including the nature of any anticipated risks. I authorized the University to contact my emergency contacts for or with information about me in my absence.

I release and waive as against York University, its governors, directors, officers, faculty, employees, agents and assigns, any and all losses, liabilities, damages, injuries, including death, claims, lawsuits, costs, expenses, including legal fees and disbursements, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in my Field Activities.

I agree with the Graduate Student Risk Assessment Undertaking, Release and Checklist as stated above

☐ Yes

Please send your completed form, which includes your supervisor's signature, to Wes Moir, Associate Director, Graduate Academic Affairs at: wmoir@yorku.ca.

Student Signature

Date (mm/dd/yyyy)

Supervisor Statement

As the student's supervisor, I confirm that we have discussed the [Graduate Student Risk Assessment Guidelines](#) of the Faculty of Graduate Studies, that I have read their Field Activities overview, and that it accurately summarizes their research project.

Supervisor Signature

Date (mm/dd/yyyy)