**TCD - PROJECT INTERNSHIP**

## EMERGENCY CONTACT DETAILS FORM

**STUDENT DETAILS**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student College No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Tel. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Student Address While on Placement (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information (worth noting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Academic Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Academic Supervisor Telephone/Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Host Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Host Mentor Telephone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEXT OF KIN DETAILS**

***Contact Person 1:***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Contact Person 2:***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RISK ASSESSMENT**

The School of Natural Sciences operates a safe working environment policy and we endeavour to ensure this is also the case on your internship. Of course, safety is also a personal responsibility and it is your duty to behave and work in a safe manner when using facilities. By adopting safe practices you ensure both your own safety and the safety of others. Please download and read the accompanying School Safety Statement -

*School Safety Officer, School of Natural Sciences*

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| --- | --- |
| 1. The host is a reputable organisation which is known to the department or which the department establishes the bone fides of. | 🗖 |
| 1. The host has a good safety record and they confirm that they comply with the requirements of the relevant Safety, Health and Welfare Legislation and specifically that they have in place a recently-reviewed safety statement that includes risk assessments covering the work students will undertake. 2. The host will provide induction/training to the student including relevant safety training on entering the placement. 3. Arrangements are in place in the event of an emergency (evacuation procedures, first aid etc). | 🗖  🗖  🗖 |
| 1. The host has an accident/incident reporting system in place and will share any relevant accident/incident information relating to the student. | 🗖 |
| 1. The student will be supervised at all relevant times. | 🗖 |
| 1. All relevant personal protective equipment will be provided by the host. | 🗖 |
| 1. If there is shift work or out of hours work, adequate travel arrangements are in place. | 🗖 |
| 1. The host has insurance cover that meets with College’s recommendations. | 🗖 |
| 1. The student has renewed the Health Declaration Form and, if there are known significant risks such as underground mining, known hazardous chemicals etc. the College Health Centre or the Safety Office should be consulted. Form is available at: <http://www.naturalscience.tcd.ie/healthsafety/> | 🗖 |
| 1. Is there access to medical facilities of an acceptable standard in the host location | 🗖 |
| 1. The host country does not have security status from the Department of Foreign Affairs of ‘Exercise Extreme Caution’ or higher | 🗖 |
| 1. The host is not located in an area of high crime rate or an area prone to civil unrest or political instability. | 🗖 |
| 1. The student has been made aware of cultural or language difficulties or any differences in attitudes to women or to a person’s sexual orientation | 🗖 |
| 1. The student has been advised to consider climate and environmental conditions e.g. drinking water, sanitary facilities, sunstroke, possible earthquake/violent storm conditions | 🗖 |
| 1. The student has been made aware of the need to locate accommodation in a safe and secure building in a safe area that has adequate transport links | 🗖 |
| 1. The student will immediately report to their placement co-ordinator any psychosocial issues such as bullying, harassment, stress | 🗖 |
| 1. The student undertakes to exercise all reasonable care and attention to their own safety and that of others when engaging in recreational activities | 🗖 |

*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Academic Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Host: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*