GRADUATE STUDENT RESEARCH
RISK ASSESSMENT CHECK-LIST
GRADUATE PROGRAMME IN ____________
YORK UNIVERSITY
(01/2001)

This check list and release form must be completed in full and signed by the student and his or her supervisor. The check-list and release form are submitted to the graduate director along with the student’s research proposal and ethics approval prior to departure to the field.

Personal risk in field research includes, but is not limited to, risks to physical health, mental health and personal safety. Risk may arise in part because of the nature of the research itself or from the climate, the political, social, economic, or cultural environment of the field research location; or from race, gender, religious or cultural background of the researcher; or from the travel, living and working conditions required for the field research. This risk assessment check-list will review with you that you have taken the utmost care in limiting the degree of foreseeable risk in the research setting.

NAME:____________________________________________________
Risk Assessment

1. Have you ascertained the degree of personal risk in travelling to and within the country where you will be conducting your proposed research?
   - Yes  - No
   If Yes, please detail (e.g. Canadian consulate’s confirmation of safe or unsafe travel conditions). If No, please explain.

2. Have you ascertained if there might be personal risk incurred as a result of either your gender, sexual orientation, race, religion, or national origin?
   - Yes  - No
   If Yes, do you consider this risk to be (please circle one only):
     HIGH    MEDIUM    LOW

3. As far as you are currently aware, will conducting your research pose a risk to you as a result of the local political or economic climate?
   - Yes  - No
   If yes, please explain:

4. Is there a direct risk to your health at your field site?
   - Yes  - No
   If yes, please explain:

5. What mode of travel will you be using in the field?

6. Have you already arranged field site accommodations? If so, please describe briefly:
Please complete the following checklist:

0 I have fully informed my next of kin of the risks associated with my proposed field research.

0 I have provided my next of kin and the Graduate Programme in _________ with a complete itinerary of my travel plans (including carrier, dates, and flight numbers, if applicable).

0 I have provided the Graduate Programme in _________ with the name and contact information of my next of kin.

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

0 I have attached copies of all documentation confirming receipt of all required inoculations and personal medications.

0 I have signed the “Undertaking and Release” Waiver Form.

NEXT OF KIN CONTACT INFORMATION:

Name: ____________________________________________

Relationship:_____________________________________

Phone number:____________________________________

Fax number:______________________________________

Email:___________________________________________

Mailing address:___________________________________

________________________________________________

________________________________________________

\ Signature of Graduate Student: ________________________

Date:____________________________________________

\ Signature of Supervisor: ____________________________

________________________________________________
UNDERTAKING AND RELEASE FORM
(01/2001)

In consideration of being permitted to conduct field research in __________________ under the auspices of the Graduate Programme in ___________, York University, Toronto, Canada, I agree that I shall conduct the research in a responsible and professional manner.

I have read the Graduate Programme in ____________’s Policies and Procedures Concerning Risk to Students Undertaking Field Research, I have completed and signed the Graduate Student Risk Assessment Checklist and I affirm that I have conformed to the requirements set forth in those two documents. I undertake to advise the Programme Office of any changes in the arrangements for my field study.

I acknowledge that there may be certain dangers inherent in undertaking this research in the proposed location(s) and I agree to take the risks associated with such location(s).

I have fully informed my next of kin regarding all aspects of my proposed field study, including the nature of any anticipated risks. I authorize the University to contact my next of kin for or with information about me in my absence.

Name:_________________________  Signature:_________________________
Date:_________________________  Witness:_________________________