

## Graduate Student Research Risk Assessment Check List

**This check list and release form must be completed in full and signed by the student and supervisor. The check list and release form are submitted to the Graduate Program 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.

Student information		
Surname, First Name	Given name(s)	
Student Number	E-mail	
Program	Degree & level of study	Current status

**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.

## 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 select 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 check list:**

<input type="checkbox"/>	I have fully informed my next-of-kin of the risks associated with my proposed field research.
<input type="checkbox"/>	I have provided my next of kin and the Graduate Program in with a complete itinerary of my travel plans (including carrier, dates, and flight numbers, if applicable)
<input type="checkbox"/>	I have provided the Graduate Program in with the name and contact information of my next of kin.
<input type="checkbox"/>	I have adequate health and accident insurance for the duration of my stay at my field site.
<input type="checkbox"/>	I have attached copies of all documentation confirming receipt of all required inoculations and personal medications.
<input type="checkbox"/>	I have signed the "Undertaking and Release" Waiver Form.

**Next-of-Kin Contact Information:**

Name:	Relationship:
Phone:	Fax:
E-mail:	Mailing Address:
Student Signature:	Date:
Supervisor Signature:	Date:

# Undertaking and Release Form

In consideration of being permitted to conduct field research in \_\_\_\_\_, York University, Toronto, Canada, I agree that I shall conduct the research in a responsible and professional manner.

I have read the *Graduate Program in \_\_\_\_\_'s Policies and Procedures Concerning Risk to Students Undertaking Field Research*, I have completed and signed the *Graduate Student Risk Assessment Check List* and I affirm that I have conformed to the requirements set forth in those two documents. I undertake to advise the Program 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:

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Date:

Witness:

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