



School of Chemistry

Declaration Form

This form has been prepared in order for the School to exercise a reasonable level of control of its operations including a duty of care to all and to ensure ALL personnel exercise a reasonable duty of care to themselves, others and the School. It highlights the requirements prior to commencement of work AND those on completion of stay no matter how short that stay may be. Supervisors should note that they have the greatest general responsibility; this should be demonstrated. If these requirements are not met, they may be charged for all costs such as waste disposal, cleaning etc. including time. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or enquire about the handling of your personal information, please contact the University Privacy Officer: 99029589

Family Name:			
First Name: (Including middle initial)			
Title: Prof, Dr, Mr, Ms, Miss, Mrs			
Address (Private)			
Phone no./Mobile			
Email Address			
Supervisor			
Category, please circle one:		Staff; Visitor; PhD; Honours; MSc; Undergraduate; Affiliate	
Commencement Date			
Termination Date			
I currently have a Scholarship		Yes \ No	Type of Scholarship

Keys Required: Please get the key number from the barrel/lock on Door e.g. SC12/CH2.04

Deposit for Students: 1st Key \$20 all other keys: \$5

Office Key No.		Room	Bldg	Deposit Paid \$
Lab Key No.		Room	Bldg	Deposit Paid \$
Key		Room	Bldg	Deposit Paid \$
Please note that NO keys will be issued until the Risk Assessment has been completed and signed.				
Phone :	Office		Lab	

I (Full Name; Printed) declare that I will abide by the following requirements during my stay at the School of Chemistry.

Signature

Date

Supervisor's Signature.....

Date.....

Safety Officers:

Please take your Induction forms to one of our safety officers for signature and undertake the appropriate awareness training before returning them to Chemistry Reception, Bldg 19, 19 Rainforest Walk, Room 127.

Craig Forsyth	Bldg 23 room G48	990 54588
Boujemaa Moubaraki	Bldg 23 room G39A	990 54798

A fully completed **Risk Assessment** form has been completed and approved by the Safety Officer before I commence my initial project. I agree that subsequent Risk Assessment forms will be completed for each new project or significant changes in my initial project prior to conducting practical work in any laboratory.

Safety Officer:

Date

Requirements On Completion

I Declare that I have left my work area/s (Room/s in a clean and tidy state including providing my supervisor with all relevant documentation. Disposing of all unwanted chemicals etc. Returning all borrowed equipment etc. Removed all unwanted email etc.

If you are a first aider please advise the First Aid Coordinator Sarah Williams of your departure.

I have paid all outstanding accounts to the School and returned all my keys. My key deposit has been returned to me.

Signature

Date

Extra Keys				