

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:

- Ø I have fully informed my next of kin of the risks associated with my proposed field research.
- Ø 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).
- Ø I have provided the Graduate Programme in _____ with the name and contact information of my next of kin.
- Ø I have adequate health and accident insurance for the duration of my stay at my field site.
- Ø I have attached copies of all documentation confirming receipt of all required inoculations and personal medications.
- Ø 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: _____

Date: _____

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: _____
