Field Naturalists Society of South Australia Inc.

Field Survey Registration Form

This form is an appendix to the **FNSSA Field Survey Protocol** available on the FNSSA website. This Registration Form must be completed by FNSSA Members and affiliates planning to participate in a field survey. A copy of the completed form is to be emailed to the Trip Leader before commencing the survey event to ensure that the Trip Leader is aware of your intention to participate in the survey. All field survey participants must be current financial members of the FNSSA, or member an affiliated organisation endorsing this event for insurance liability purposes (e.g. Friends of Parks, Landholders, local or state government).

The personal information provided below will be confidentially maintained by the Trip Leader(s). This information will only be provided to Next-of-Kin, first aiders, emergency services personnel or medical and hospital staff in the event of an accident, illness or other emergency during the survey period.

Survey / Event			
Survey Date(s)			
Organisation			
Last Name		**First Name**	
Home Address			
Email			
Mobile No.		**Vehicle Rego No.**	
Who would you like the Team Leader or delegate to contact in the event of an emergency			
Last Name (s)		**First Name (s)**	
Mobile No.(s)			
Home Address			
Please list any current medical conditions, significant allergies, or medications being taken that a first aider, paramedic or hospital should be aware of if emergency treatment is required			
Do you wear a Medic Alert device?			
If YES, please indicate where			
Do you have current basic or advanced first aid training?			
If YES, are you available to assist with first aid if the need arises?			
Declaration: I/we have read the FNSSA Field Survey Protocol and agree to comply with the policies and requirements stated in this document.			
Signed		**Date**	