

UBC OKANAGAN SCHOOL OF EDUCATION

COMMUNITY FIELD EXPERIENCE SAFETY ORIENTATION

Self Directed Safety Orientation

| This form is to be completed by students participating in School of Education (OSE). Upon completion, please sub | | e Okanagan |
|---|---|---------------|
| Name: | Date: | |
| Location: | Organization/ | |
| Address: | Country: | |
| Start Date (yy/mm/dd): / / | End Date (yy/mm/dd): / | _ / |
| Supervision & Support | | |
| I know who to contact if I have concerns in relation Community Field Experience. | n to my safety while performing the | YES \square |
| PARTNER ORGANIZATION/ CONTACT: | PHONE #: | |
| OSE CONTACT: | PHONE #: | |
| General Rights & Responsibilities | | |
| I understand that I have the following rights as it relates to workplace safety: | | YES \square |
| Right to know about workplace hazards and Right to participate in health and safety acti Right to refuse unsafe work | | |
| Working Alone or in Isolation | | |
| I am not being assigned to work alone, or if I am, I have been provided training and education on the employer's working alone procedures. | | YES \square |
| Bullying, Harassment, Intimidation & V | Violence | |
| I understand that I should not be subject to bullying, harassment, intimidation or violence and have been informed of the partner organization's protocols for addressing any such behaviour. | | YES \square |
| Site Orientation & Emergency Procedu | res | |
| I have been informed where to go and what to do specific information on evacuation (assembly located) | | YES \square |
| First Aid & How to Report Incidents | | |
| I have been informed of how to summon first aid a understand that I need to report incidents to my s If I am working outside of BC, I understand that it i | supervisor and through <u>UBC CAIRS</u> . | YES |
| coverage (see bttps://bse.ek.ubs.se/sefety/studen | • | YES \square |