Instructions for completing this form:

1. Candidate to complete section A prior to review. Consult with SMI WHS Manager if indicated.
2. Candidate to provide form to committee chair prior to review.
3. Committee chair to complete Section B during review.
4. Committee chair to email completed form to [smipostgrad@uq.edu.au](mailto:smipostgrad@uq.edu.au) , SMI Workplace Health & Safety Manager ([t.cronin1@uq.edu.au](mailto:t.cronin1@uq.edu.au)), candidate and advisory team.

**Section A: To be completed by candidate prior to the review**

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| --- |
| 1. **Candidate details** |

Name

Student Number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Predicted activities** | | | | | | |
| Do you anticipate undertaking:   * Fieldwork * Laboratory work * Overseas travel * Tasks that increases your risk of injury or illness * Tasks requiring safety-related permits, certificates, licenses or other regulatory requirements.   Please meet with the SMI WHS Manager prior to your candidature review meeting. | | | |  | | |
| Y/N | |  |
| Y/N | |  |
| Y/N | |  |
| Y/N | |  |
| Y/N | |  |
|  | | |
| 1. **Risk assessments completed** | | | | | | |
| Risk Assessment ID | Risk Assessment Name | Nominated Supervisor | Approved | | | |
|  |  |  | | | Y/N |  | |
|  |  |  | | | Y/N |  | |

|  |  |  |
| --- | --- | --- |
| 1. **Health and safety training completed** | | |
| Check the boxes for training courses which you have completed. | | |
|  | Workplace online Health & Safety | |
|  | Annual Fire Safety | |
|  | SMI/JKMRC Induction | |
| List any Health and Safety training completed since start of candidature. Add extra rows as required. | | |
| Course Name | | Date Completed |
|  | |  |
|  | |  |
|  | |  |

**Section B: To be completed by chair during the review (\*Not required for Thesis Review\*)**

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| 1. **Health and safety training required** |
| What Health and Safety training is required for experimental work in the next 6 months? Principal advisor to forward requests to the relevant trainer. |
|  |
| 1. **Risk assessments required** |
| What risk assessments is the candidate required to complete in the next 6 months? |
|  |