

WHAT FORM TO COMPLETE & SUBMIT TO OSHE FOR ANY ACTIVITIES LOCAL OR ABROAD:

WHERE TO GET THE FORM?

1. Log in myUBDportal
2. Go to myservices
3. Go to OSHE
 - [Field Trip Indemnity Form and Parental Consent](#)
 - [UBD Field Trip or Study Forms to be Completed](#)
 - a) Activity Based Risk Assessment
 - b) Details of Participants & Next of Kin (NOK)
 - c) Safety Management Plan

Universiti Brunei Darussalam > Staff Portal > Non-Academic > OSHE

SEARCH

Everything

UBD WEBSITE

ubd

UBD EMAIL

Access your ubd email anytime, anywhere.

OFFICE OF SAFETY, HEALTH AND ENVIRONMENT (OSHE)

Office of Safety, Health and Environment (OSHE) has been established in line with Brunei Darussalam legal requirement name Workplace Safety and Health Order, 2009 in ensuring all workplaces including educational institution are safe to all for its staff, students, visitors as well as contractors.

Under the Corporate and Administrative Office, OSHE is largely responsible to oversee all the issues related to safety, health a environment for both on and off UBD campus events and any other UBD-related activities. The scope of responsibilities is exten that includes upholding the environmental compliance, emergency management, and formulating arrangements to ensure the University's premises are constructed and maintained in such a way that enable to minimize or if not prevent the risk of work-re accidental injuries and illnesses.

[SAFETY BRIEFING FOR DY STUDENTS New!!](#)

[UBD Study or Field Trip Safety and Health Manual](#)

[General Description of Risk Assessment](#)

[Health and Safety Advise on Travelling Abroad](#)

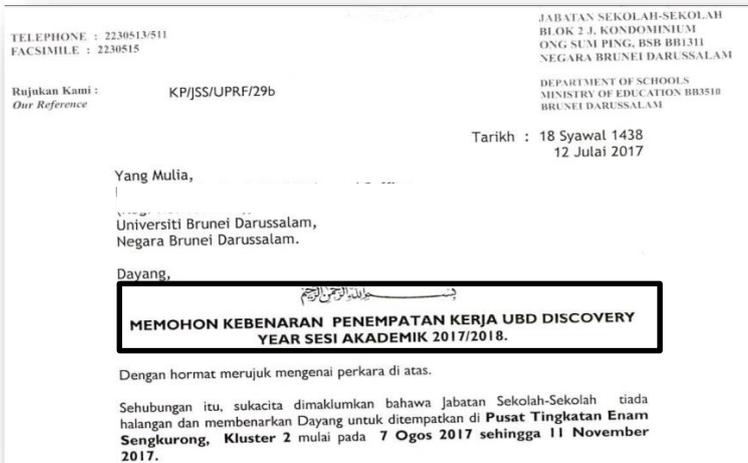
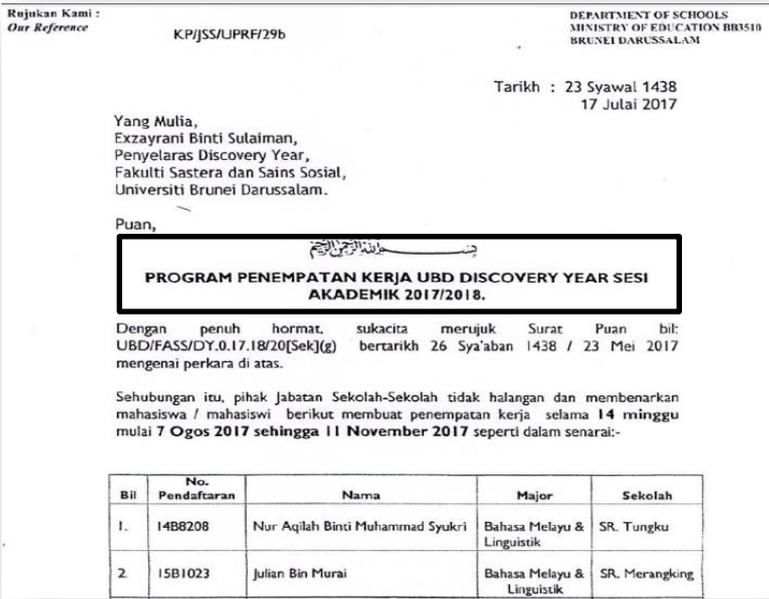
[Field Trip Indemnity Form and Parental Consent](#)

[UBD Field Trip or Study Forms to be Completed](#)

[UBD Hazard and Incident Report Form](#)

[Research Project Risk Assessment 2016](#)

DISCOVERY YEAR - LOCAL

	WHAT FORM TO COMPLETE & SUBMIT TO OSHE FOR DY:	TRAVELLING ALONE	TRAVELING IN A GROUP
1.	ACTIVITY BASED RISK ASSESSMENT	√	1 set only
2.	DETAILS OF PARTICIPANTS & THEIR NEXT OF KIN	√	
3.	SAFETY MANAGEMENT PLAN	√	
4.	PARENTAL CONSENT & INDEMNITY FORM	√	√
5.	INSURANCE POLICY (BASIC - DURING YOUR ENROLLMENT TO UBD & STILL VALID)	√	√
6.	UBD'S APPLICATION LETTER TO THE ORGANISATION (OPTIONAL) 	√	√
7.	ACCEPTANCE LETTER FROM THE ORGANISATION TO UBD (MANDATORY) 	√	√

TRAVELLING IN A GROUP

Please submit only 1 copy of the following documents :

Risk assessment

Safety Management plan

Next of kins

Coming from the same Faculty

Having the same DYC/DYF

Going to the **same host University** /
sharing the **same contact person** in
the host University or Organisation

DOCUMENTS REQUIRED FOR DISCOVERY YEAR TO BE COMPLETED /SUBMITTED TO OSHE

ABROAD & LOCAL		WORK PROCESS
1.	RISK ASSESSMENT (RA)	CONDUCTED (filled) by student or Faculty/Programs' supervisor. VERIFIED by FACULTY Health and Safety representative (OccSHER). APPROVED by Dean/Director/Head of FIACO. CHECKED and SIGNED by NYC / NYA.
2.	NEXT OF KIN DETAILS (NOK)	Advisably <u>more than 1</u> NOK with full address and contact numbers including mobile and HOME telephone number if available.
3.	SAFETY MANAGEMENT PLAN (SMP)	Students are to complete all required details. EXCEPT for LOCAL DY please refer to <u>no: 7</u> below: GROUP DY (LOCAL & ABROAD) Students can share the SAME SMP if; <ul style="list-style-type: none"> • They come from SAME FACULTY in UBD. • Going to the SAME INSTITUTION/ ORGANIZATION and having the SAME NATURE OF DY ACTIVITIES. • Share SAME SUPERVISOR/s at the Host Institution/Organization & contact details. <p>Therefore, if a group of students DO NOT have the same NATURE of ACTIVITIES, HAVING DIFFERENT SUPERVISORS & CONTACT DETAILS & COME FROM DIFFERENT FACULTIES, they are to complete & submit INDIVIDUAL SMP.</p>
4.	PARENTAL CONSENT (INDEMNITY FORM)	Every individual students are required to complete and submit. Original - 1 set goes to DYU. Photocopy - 1 set goes to OSHE.
DIFFERENCES		
ABROAD		LOCAL
5.	COMPREHENSIVE Insurance Policy + TRAVEL HEALTH Coverage .	BASIC Insurance Policy (the insurance when first enrolled to UBD is adequate BUT must be valid).
6.	OFFER LETTERS: <ul style="list-style-type: none"> • UBD Discovery Year Unit (DYU) • Host institution/ organization 	FORMAL LETTERS: <ul style="list-style-type: none"> • UBD Discovery Year (issued by NYC / NYA). • Acceptance letter from host institution /organization (for Group OR Individual).
7.	SAFETY MANAGEMENT PLAN (SMP)	For SMP , fill all EXCEPT: <ul style="list-style-type: none"> • Travel information and transportation. • In section of emergency information, OMIT sections on embassy / consulate and accommodation details (UNLESS the students acquired some sort of accommodation arranged personally by students or the host agency e.g. Students having the DY in different districts).



Universiti Brunei Darussalam

Field Trip Indemnity Form &
Parental Consent

INDEMNITY FORM AND PARENTAL CONSENT

I, [Insert Student Name & Registration No] am a Student at Universiti Brunei Darussalam. I am confirming my voluntary participation in the following activity (hereinafter referred to as the "Activity"): [Insert full name of Activity e.g. the course module and practical name]

Organized by [Faculty name and department] Lead by [Name of person leading the trip] ("Trip Leader") on
[Date of Activity]

I hereby agree to participate and cooperate fully in the Activity and will abide by all rules and regulations of Universiti Brunei Darussalam and the instructions of the Trip Leader.

I further recognise the inherent risk during and throughout the Activity I am participating in, including risks associated with traveling to/from the Activity Site and risks during the Activity. I understand that these risks include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s).

I acknowledge that it is my responsibility to take every precaution to safeguard my health and well-being during the Activity. I promise that I will act responsibly. I further confirm that I have been advised to take on personal insurance for the duration my participation in the Activity.

In case of emergency, I understand that every effort will be made to contact my next of kin. In the event that my next of kin cannot be reached, I hereby give consent to any and all urgent medical care and treatment for myself that has been deemed medically necessary. I hereby accept financial responsibility for all such care and treatment provided.

In consideration of approval to participate in this Activity, I, for myself, my heirs, next of kin, executors, administrators and assigns agree to **hereby release, indemnify and hold harmless Universiti Brunei Darussalam and/or the Government of Brunei Darussalam**, its officers, directors, servants, employees and agents from any and all actions, claims and demands for any physical, mental or emotional injury sustained or any loss of life/death, or loss or damage of personal property, howsoever arising which now or may hereafter be sustained by me in consequence of my participation in this Activity.

I confirm that I am 18 years or older, and declare that I have read and understood the above terms of this document in its entirety and I am signing it out of my free will and hereby agree to be bound by the terms and conditions. I understand the legal consequences of signing this document, including (a) releasing the Universiti Brunei Darussalam and/or the Government of Brunei Darussalam, its officers, directors, servants, employees and agents from all liability, and (b) assuming all risks of participating in this Activity, including travel to, from and during the Activity.

Signed: _____

Name (in print): _____ Date: _____

1st Emergency Contact information

Name: _____

Relationship: _____

Address: _____

Contact number: _____

2nd Emergency Contact information

Name: _____

Relationship: _____

Address: _____

Contact number: _____

For activities involving Residential Field Courses and/or Overseas Field trips, the parent/legal guardian must sign below:

I, the undersigned parent and/or legal guardian of the Student listed above, do hereby consent to his or her participation in the Activity listed. I, as the parent of the Student and on behalf of the Student, hereby release, indemnify and hold harmless Universiti Brunei Darussalam its officers, directors, servants, employees and agents from liability for any physical, mental or emotional injury sustained or any loss of life/death, or loss or damage of personal property which I or the Student may suffer, or for which the Student may be liable to any other person, related to the Student's participation in the Activity (including periods in transit to or from the Activity's destination).

Signed: _____

Name (in print): _____

Date: _____

EMERGENCY INFORMATION AND COMMUNICATION*(Please complete this section as much as possible)*

<p><u>Local Emergency Contacts:</u></p> <p>Tourist Police (English-speaking operator): 1155</p> <p>Police (General Emergency Call): 191</p> <p>Ambulance and Rescue: 1554</p> <p>Fire: 199</p> <p>National Disaster Warning Center: 1860</p> <p>Crime: 1195</p> <p>Medical Emergency Call: 1669</p> <p>Private Air Ambulance (Siam Air Care): 02 586 7654</p>	<p><u>Nearest Medical Facility:</u></p> <p>Name: SIRIRAJ PIYAMAHARAJKARUN HOSPITAL, BANGKOK, THAILAND</p> <p>Contact no: 1474</p> <p>Name:</p> <p>Contact no:</p>
<p><u>Local Host Coordinator/ Supervisor contacts:</u></p> <p>Name of Coordinator: SUPAPAK PHETRASUWAN</p> <p>Contact no: (+662) 4197466-80 EXT 1707</p> <p>Name of Supervisor: PORNTIP CANANUB</p> <p>Contact no: (+662) 4243701</p> <p>Email: porntip.can@mahidol.ac.th</p>	<p><u>Universiti Brunei Darussalam Contacts:</u> <i>Please fill out the names and contact details of your University Contact persons</i></p> <p>Programme Leader (Nursing & Midwifery): ARMAH BINTI TENGAH Contact no: +673 8894731</p> <p>Dean/Director of Faculty: DR HAJAH MASLINA BINTI HAJI MOHSIN Contact no: N/A</p> <p>DY Coordinator: DR LIM YA CHEE Contact no: +673 7227916</p> <p>DY Facilitator: RAJIAH BINTI HAJI SERUDIN Contact no: +673 8890480</p> <p>DY Careline: +6738728287</p> <p>UBD Incident Commander: HAJI HAZILAN BIN HAJI RAMLI (ACTING HEAD OF OSHE) Contact no: +673 8761643</p> <p>UBD Hotline Number: +673246333 /+6732463001 ext 3333 <i>Security 3333 new UBD Hotline 8169009</i></p>
<p><u>Nearest Brunei Darussalam overseas mission (Embassy/Consulate):</u></p> <p>Name: EMBASSY OF BRUNEI DARUSSALAM IN BANGKOK, THAILAND</p> <p>Contact no: (+662) 714 7395-9</p>	<p><u>Accommodation Contact:</u></p> <p>Name of accommodation: FACULTY OF NURSING MAHIDOL UNIVERSITY DORMITORY</p> <p>Contact no: (+662) 4246855</p>

Thailand

DETAILS OF PARTICIPANTS AND THEIR NEXT OF KIN (NOK)

No	Full Name	Institution/Faculty/Centre	Address & Contact Details + Email	Gender	Special Condition/Allergy	Next of Kin (NOK) Name	(NOK) Relationship	NOK Address & Contact Details
1	Ali bin Hj Amin	Faculty of Science	No 4, Spg 39, Jalan Sungai Tampoi, Kampung Sengkurong, Negara Brunei Darussalam. TEL: 8808284 ali.amin@ubd.edu.bn	Male	Asthma	Haji Amin bin Hj Bakir	Father	No 4, Spg 39, Jalan Sungai Tampoi, Kampung Sengkurong, Negara Brunei Darussalam. TEL: 8808887 Home: 2661456
						Haji Zailan bin Haji Amin	Brother	No 60, Spg 17, Jalan Tanjong Bunot, Kampong Tanjong Bunot, Negara Brunei Darussalam TEL: 7157722 Home: 2660009
2	Suhaimi bin Haji Erman	Faculty of Science	No 22, Jalan 4, Kampong Perpindahan Lambak Kanan, Negara Brunei Darussalam. TEL: 8898224 suhaimi.erman@ubd.edu.bn	Male	Nil known	Nur Erna binti Erman	Sister	No 22, Jalan 4, Kampong Perpindahan Lambak Kanan, Negara Brunei Darussalam. TEL: 8897878/8871144
						Adiman bin Haji Erman	Brother	No 70, Jalan Jerudong, Kampong Jerudong, Negara Brunei Darussalam. TEL: 8868444 Home: 2662008

***** TRAVELLING IN A GROUP**

NOTE: Student is ADVISED to provide MORE THAN ONE list of their next of kin if studying /travelling abroad for safety reason

DETAILS OF PARTICIPANTS AND THEIR NEXT OF KIN (NOK)

No	Full Name	Institution/Faculty/Centre	Address & Contact Details + Email	Gender	Special Condition/Allergy	Next of Kin (NOK) Name	(NOK) Relationship	NOK Address & Contact Details
1	Ali bin Hj Amin	Faculty of Science	No 4, Spg 39, Jalan Sungai Tampoi, Kampung Sengkurong, Negara Brunei Darussalam. TEL: 8808284 ali.amin@ubd.edu.bn	Male	Asthma	Haji Amin bin Hj Bakir	Father	No 4, Spg 39, Jalan Sungai Tampoi, Kampung Sengkurong, Negara Brunei Darussalam. TEL: 8808887 Home: 2661456
						Sarimah binti Aman	Mother	No 4, Spg 39, Jalan Sungai Tampoi, Kampung Sengkurong, Negara Brunei Darussalam. TEL: 8808681 Home: 2661456
						Erni binti Haji Amin	Sister	No 5, Spg 37, Jalan Bebatik kilanas, Kampong Kilanas, Negara Brunei Darussalam. TEL: 8878389 Home: 2653062

*** TRAVELLING ALONE

NOTE: Student is ADVISED to provide MORE THAN ONE list of their next of kin if studying /travelling abroad for safety reasons (if possible)

ACTIVITY BASED RISK ASSESSMENT FORM

NOTE:

- The purpose of this form is to that students are aware of the hazards and how to control the associated risks that may affect their health and safety while abroad.
- This Risk Assessment (RA) form must be completed and submitted **A MONTH** before overseas travel.
- This RA form should be completed in discussion with your Program leader/Supervisor/ DY facilitator.
- Please ensure that you submit the following documents along with this form before verification.
 - i) Safety Management Plan
 - ii) Parental Consent and Indemnity Form
 - iii) Next of Kin details
- After approval, please share this risk assessment with everyone who is travelling within the same group.

SECTION A: PLEASE FILL IN THIS SECTION ACCORDINGLY

SECTION A : DETAILS OF PARTICIPANTS AND PROGRAM

Name of Participant/s travelling : <i>(Please use extra paper if there is insufficient space)</i>	i. Ali bin Hj Amin ii. Suhaimi bin haji Emran	Student ID No:	i. 17b1009 ii. 17b1133
Faculty/Institute/Academy/School:	School of Business		
Dates of travel:	20 th August 2018 – 20 th December 2018	Location and Country of Event:	Universitas Pekalongan, Indonesia
Program activities:	<input type="checkbox"/> DY-SEP <input type="checkbox"/> DY-SAP <input checked="" type="checkbox"/> DY-Internship <input type="checkbox"/> DY-COP <input type="checkbox"/> DY-Incubation <input type="checkbox"/> Postgraduate <input type="checkbox"/> Others, please specify: _____	Duration of trip:	4 months

SECTION B: RISK ASSESSMENT – Please share it with your group

SECTION B: RISK ASSESSMENT

- Please read & identify which activities and its associated hazards are relevant to the program you are attending from the table.
- Ensure that you read the risk control and (share it with your group for those who are travelling in the group)
- You can **delete** any activities that are **not applicable** to your program from this table.
- You may **add in** any activities that are **going to conduct/participate** which is not included in this table.
- Print page(s) which is/are relevant to your program only before you get it sign by your Faculty.

HAZARD

DESCRIPTION/
DETAILS OF ACTIVITY

RESIDUAL RISK

GENERAL ACTIVITIES

Travelling	Travelling by air - Poor maintenance - Mechanical failure - Engineering failure - Pilot error	Motion sickness/Air Crash Minor injury to Death ((Self & Others Passengers)	3	1	3	<ul style="list-style-type: none"> • Use an airline company which has a good safety record Take medicine (anti-emetic) before the journey. •Observe and conform to both local and international Civil Aviation Safety Rules and Regulation. •Familiarize with the aircraft emergency procedure •Walk along the alley of the flight cabin every now and then if permitted. •Do not read when the plane is taking off. •Avoid heavy meals, spicy or fatty food before and during travelling. 	Self	Before/ During travel	Low
	Travelling by land (car/bus) - Poor maintenance - Mechanical failure - Expired driver	Motion sickness/ Motor Vehicle Accident Minor injury to Death ((Self & Others Passengers)	3	2	6	<ul style="list-style-type: none"> • Refer to above • Obey local road traffic rules and regulations and ensure seat belt is worn at all time • Personally check or check with the organizer to ensure the vehicle to be 	Self/Driver	Before/ During travel	Low

CONDUCTED BY: <i>(TO BE FILLED IN BY THE PROGRAM SUPERVISOR/ PARTICIPANTS)</i>	
Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: TO BE SIGNED BY PARTICIPANT
	Date:

VERIFIED BY: <i>(TO BE FILLED BY THE FACULTY SAFETY REPRESENTATIVE)</i>	
Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: TO BE SIGNED BY OCCASHER
	Date:

APPROVED BY: <i>(TO BE FILLED BY THE DEAN/DIRECTOR/HEAD OF THE FACULTY/INSTITUTE/ACADEMY/SCHOOL)</i>	
Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: TO BE SIGNED BY Dean/Director/Head of FIACO
	Date:

FOR DY STUDENTS CHECKED BY: (TO BE FILLED BY DISCOVERY YEAR COORDINATOR)	
Name:	Post:
Faculty/Institute/ School/ Academy:	Signature: TO BE SIGNED BY DYC <i>(applicable to Discovery Year Program)</i>
	Date:

This section require signatures from your respective FIACO

**WHAT FORM TO COMPLETE & SUBMIT TO OSHE FOR DISCOVERY YEAR ?
(LOCAL /ABROAD)**

WHERE TO GET FORM?

Log in myUBDportal
Go to > myservices > OSHE

TRAVELLING ALONE

Activity Based Risk Assessment
Details of Participants & Their Next of Kin
Safety Management Plan
Parental Consent & Indemnity Form
(Pls refer to the work process in completing the documents)

LOCAL

Insurance Policy (**BASIC**)
UBD'S Application Letter to the Organisation (**OPTIONAL**)
Acceptance Letter from the Organisation to UBD (**MANDATORY**)

ABROAD

Insurance Policy (**COMPREHENSIVE**)
UBD'S Discovery Year Offer Letter (**MANDATORY**)
Acceptance Letter from the Host University (**MANDATORY**)

TRAVELLING IN A GROUP

Activity Based Risk Assessment
Details of Participants & Their next of Kin
Safety Management Plan
(Sharing 1 Copy)
(Pls refer to the work process in completing the documents)

LOCAL

(Individual)
Parental Consent & Indemnity Form
Insurance Policy (**BASIC**)
UBD'S Application Letter to the Organisation (**OPTIONAL**)
Acceptance Letter from the Organisation to UBD (**MANDATORY**)

ABROAD

(Individual)
Parental Consent & Indemnity Form
Insurance Policy (**COMPREHENSIVE**)
UBD'S Discovery Year Offer Letter (**MANDATORY**)
Acceptance Letter from the Host University (**MANDATORY**)