**After-Hours Work Approval Form**

Duration: Start date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person(s) Covered by this Approval:** In signing below the person agrees to all conditions listed in the activity’s risk assessment and the “UNSW Canberra After-Hours Policy and Procedure” and understands that approval may be revoked at any time.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (in full):** | **Signature:** | **Supervisors Name:** | **Supervisors Signature:** |
|  |  |  |  |
| **Position and Contact No:** | **Staff/Student ID:** | **Lab Supervisors Name (if applicable)** | **Lab Supervisors Signature** |
|  |  |  |  |

Please list below the activities to be undertaken after-hours, the locations of the activity, associated Risk Assessments and nominated ‘buddy’.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity:** | **Location:** | | | **Approved Risk Assessment:** | |
|  | | |  | |
| **Building** | **Room** | **Room Type** | Title | Number |
|  |  |  | (i.e office/lab) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please list below the buddy who will be present on campus whilst you are working. (Academics/Research Associates – buddy not required for office work)

|  |  |  |
| --- | --- | --- |
| **Name of buddy (in full):** | **Buddy Mobile number:** | **Buddy Signature: (I acknowledge I must be present at all times)** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Nominated person off campus (name in full):** | **Relationship to person requesting access:** | **Telephone:** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorisation of After-hours work:** | | | | | |
| Name & Position: | **Prof. Chi-King Lee**  Deputy Head of School | Signature: |  | Date: |  |
| Telephone: | 02-6268-8059 | Email: | c.lee@adfa.edu.au | | |