Student Acknowledgement Form

Unit Code:		Unit:			
Date:		Day:		Time:	
Demonstrator:		Signature:			

As a student at Edith Cowan University, I acknowledge that I have been given a copy of the Laboratory Safety Information Sheet 1: Policy on Safety in Laboratories and other Safety documents (listed below) related to my course of study. I have read, and been instructed on, the relevant policies and procedures, relevant to these activities and by signing this register, I agree to follow the safety rules and procedures set out in my course information and any specific directions provided by my laboratory demonstrator/technical staff. I understand that I should identify to my demonstrator any reason why I should not participate. In the event of feeling unwell/ injured I shall advise the demonstrator immediately.

					Handout Number ✓					
SURNAME	**GIVEN NAME**	**STUDENT ID**	**SIGNATURE**	**DATE** d/m/y	**1**	**2**	**3**	**4**	**5**	**6**