

ST JOHN AMBULANCE NT – OBSERVER AGREEMENT

In consideration of St John Ambulance NT permitting me to accompany a St John Ambulance NT operational staff member as an Observer in the ordinary course of the work at any Ambulance centre, and vehicle, I acknowledge and agree:

1. That I may be exposed to risks to my health, wellbeing and property including, but not limited to, personal injury, illness, trauma, shock, property loss or damage;
2. That I am responsible for insuring myself and my property against the risks to which I will or may be exposed for an amount reasonably estimated to cover any potential loss and damage (including consequential loss), which I may sustain personally or to my property while undertaking the observation;
3. That I indemnify St John Ambulance NT against any loss, damage, liability and costs (including legal costs on a solicitor-client basis) which St John Ambulance NT may sustain as a result of my acts or omissions;
4. That I will indemnify St John Ambulance NT, and its employees against any Claims.
5. That I will not commence any proceedings against St John Ambulance NT or its employees in respect of any Claims;
6. That this document may be pleaded by St John Ambulance NT and its employees as an absolute defence to any Claims;
7. That this document is intended to exonerate St John Ambulance NT, and its employees from all liability in respect to any Claims, and it is to be construed as widely as necessary to give effect to that intention;
8. That I will follow any reasonable directions given to me by an operational staff member while undertaking the observation;
9. That I will not interfere in any way with an operational staff member in the course of their duties;
10. That I will keep confidential any information acquired by me undertaking the observation, in particular, but without limiting the scope of that information, any patient related information, any methods of operation, and the business affairs of St John Ambulance NT and its employees;
11. That I will not take any photographs, video recordings, audio recordings, notes or other record (unless approved by the Director of Ambulance Services or Clinical Services Manager) of any information, person or event coming to my knowledge in the course of undertaking the observation;
12. That I will comply with the dress requirements imposed on me by St John Ambulance NT including, but not limited to, wearing clean, neat and practical (long pants and sleeved shirt) casual clothing, enclosed flat footwear, and Personal Protective Equipment as directed by an operational staff member;
13. That I have an obligation to withdraw myself from the observation should I have, or develop a mental or physical impairment that may place me, the public, or operational staff members at risk of harm during the observation. Impairment in this context is defined as a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect my capacity whilst undertaking a clinical observation. Furthermore, upon recognising my circumstances, I will seek appropriate assistance from the St John Ambulance NT Mental Health and Wellbeing Coordinator, or other suitably qualified practitioners in psychological wellbeing.

SIGNED in agreement with the above terms and conditions:

SIGNATURE:	DATE:
PRINT NAME:	

AUTHORISED by:

SIGNATURE:	DATE:
PRINT NAME & POSITION:	

