| **Club/Society Information** |
| --- |
| Club/Society Name |  |
| Club/Society Contact Email |  |
| Trip Organiser Name |  |
| Trip Organiser Contact Number |  |
| Trip Organiser Contact Email |  |

| **Trip Details** |
| --- |
| Trip Location |  |
| Description of Trip |  |
| Depart/Return Date**MAX 3 DAYS** |  |
| Depart/Return Time |  |
| Amount Travelling **NO UNDER 18s** |  |
| How many First Years? |  |

| **Itinerary** |
| --- |
| **Time** | **Details of Activity** | **Address/Contact** |
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| **Important Contact Info** |
| --- |
| **Name** | **Phone/Email** |
| Group Leader 1 | +353 XX XXX XXXX |
| Group Leader 2 | +353 XX XXX XXXX |
| Group Leader 3 | +353 XX XXX XXXX |
| Group Leader 4 | +353 XX XXX XXXX |
| Group Leader 5 | +353 XX XXX XXXX |

| **Buddy System*** We recommend one club/society committee member per five people
 |
| --- |
| **Group Leaders** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |
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| **Student Next of Kin Information** |
| --- |
| **Student Name** | **Next of Kin** | **Phone No.** | **First Year?** |
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| **Flight Details** * **Please detail both Departing and Return flights**
 |
| --- |
| **Date** | **Flight No.** | **Departure Airport** | **Departure Time** | **Arrival Airport** | **Arrival Time** |
|  |  |  |  |  |  |
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| **Transport Details** Required if booking extra modes of transport e.g. bus/train* **Please detail both Departing and Return transport**
 |
| --- |
| **Type** | **Date** | **Destination** | **Departure Time** | **Arrival Time** |
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| **Overnight Accommodation** |
| --- |
| **Accom. Name** | **Check-in Date** | **Arrival Time** | **Checkout Date** | **Checkout Time** |
|  |  |  |  |  |

| **Finance Plan*** Add up Total Income (A) and minus Total Expenses (B) to find Profit/Loss (A-B)
* Please note this is not an approved Budget and is subject to approval from CLC/SLC
 |
| --- |
| **Description** | **Total/Estimated Amount** |
| Income: |
| C&S Budget |  |
| Student Contribution |  |
| Committee Funding (Bank Account) |  |
| Sponsorship |  |
| Other: |  |
| (A) Total Income |  |
| Expenses: |
| Transport |  |
| Accommodation |  |
| Entry Fees |  |
| Extra Activities |  |
| Other: |  |
| (B) Total Expenses |  |
| (A - B) Total Profit/Loss |  |

| **Risk Assessment** Required for all Trips |
| --- |
| **Hazard / Activity** ***with potential to cause injury*** | **Controls Already in Place** | **Risk Category****(High/Medium/Low)** | **Further Controls Being Implemented****To Reduce Risk**  | **Date to be Completed** |
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| **Additional Information/Assistance** |
| --- |
| (For immediate assistance contact clubsandsocsevents@dcu.ie)  |  |

| **Check-List** |
| --- |
| **Task** | **Yes / No / Additional Info** |
| Provided Student Travel Document to all attendees? |  |
| Paid accommodation in full before arrival? |  |
| Got all students to download the SafeZone App? |  |
| Has a minimum of two committee members completed Bystander Intervention Training? |  |
| Information night about the trip has been held and the tea consent video has been shown? <https://youtu.be/oQbei5JGiT8> |  |
| Have you read and does your trip abide by the following policies?* [Alcohol & Drug Policy](https://www.dcu.ie/policies/student-alcohol-policy)
* [Sexual Misconduct Policy](https://www.dcu.ie/policies/sexual-misconduct-policy-students)
* [Respect & Dignity Policy](https://www.dcu.ie/system/files/finance_editor/2023-11/210-dignity_and_respect_policy_v1.0.pdf)
 |  |
| Told participants to purchase personal travel insurance? |  |
| Is a first aid kit required? If yes, who is responsible: |  |
| Have attendees with additional medical /medication needs been identified? Has an emergency plan been agreed with the attendee? |  |
| Have you located the nearest Irish Embassy? If so please detail location and address. |  |

| **Sign-off** Two committee members to sign-off |
| --- |
| **Name** | **Committee Position** |
|  |  |
|  |  |