***(Download this form, complete & submit it on OMS)***

| Information |
| --- |
| Club/Society Name |  |
| Trip Destination |  |
| Date(s) of travel |  |
| Primary Organiser  |  |
| * Contact Number
 |  |
| * Contact Email
 |  |
| Numbers travelling **NO UNDER 18s** |  |
| Description of Trip |  |

| Important Contact info* Must include Group Leaders, Accommodation, Transport #
 |
| --- |
| Name  | Phone | Address |
| 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 |  |
|  |  |  |
|  |  |  |

| Student and Next of Kin Information* All participants must be on this form before trip can be approved
 |
| --- |
| Name | Student Number | Phone number | Name of next of kin | Emergency Contact | First Year? |
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| Buddy System* We recommend one committee member per Five people
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| --- |
| Group Leader | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
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| Daily Itinerary |
| --- |
| Date | Start time | End Time | Activity | Address | Contact | Additional info |
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| Flight Details Departing & Return |
| --- |
| Date | Departure Airport | Airline | Departure Time | Flight number | Arrival Time | Additional info |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Accommodation |
| --- |
| Arrival Date | Arrival Time | Accom. Name | Address | Phone # | Checkout Date | Checkout Time | Additional info |
|  |  |  |  |  |  |  |  |

| Other Transport/Transfers (*e.g. Bus/Train/Ferry)* If applicable |
| --- |
| Date | Type | Company | Departure Time | Departing From | Arrival Time | Destination | Additional info |
|  |  |  |  |  |  |  |  |

| Finance Plan |
| --- |
| Description | Income + | Expenditure -  | Total =  |
| Student Contrib. |  |  |  |
| C&S Budget |  |  |  |
| Bank Account |  |  |  |
| Other: |  |  |  |
| Total Income |  |  |  |
| Flights |  |  |  |
| Other Transport |  |  |  |
| Accommodation |  |  |  |
| Activities |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
| Total Expenditure |  |  |  |
| Total Profit/ Loss |  |  |  |

| Risk Assessment (Detailed RA Required) |
| --- |
| **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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| Checklist |
| --- |
| Task | Person responsible | Additional Info | Completed |
| Ensure the trip relates to the aims and objectives |  |  |  |
| Completed all sections of this form |  |  |  |
| Completed a detailed risk assessment  |  |  |  |
| Confirmed numbers travelling |  |  |  |
| Minimum two committee members completed Bystander Training with 5th module |  |  |  |
| Have had a meeting with Siobhán Byrne and C&S Events |  |  |  |
| Paid accommodation in full before arrival |  |  |  |
| Provided Student Travel Document to all participants |  |  |  |
| Downloaded the SafeZone App |  |  |  |
| Told participants to purchase personal travel insurance |  |  |  |
| Have held an information night for the trip and showed the Tea Consent video: <https://youtu.be/oQbei5JGiT8> |  |  |  |

| Emergency Preparation |
| --- |
| Task | Person responsible | Additional Info | Completed |
| Number to call for local emergency services |  |  |  |
| Nearest Major Medical Centre to trip location  |  |  |  |
| Nearest Pharmacy |  |  |  |
| Taxi company |  |  |  |
| Nearest Irish Embassy |  |  |  |
| 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? |  |  |  |

| Checklist Sign-off Minimum two committee members to sign-off |
| --- |
| Names |  |  |
| Positions |  |  |
| Date |  |  |

**All of the above must be submitted before travelling**