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

| **Trip/Intervarsity Details** | |
| --- | --- |
| Day Trip or Overnight Trip? |  |
| Trip/Intervarsity Title |  |
| Description of Trip |  |
| Depart/Return Date |  |
| Depart/Return Time |  |
| Trip Location |  |
| Amount Travelling  **FOR OVERNIGHT NO UNDER 18s** |  |
| How many First Years? |  |

| **Itinerary** | | |
| --- | --- | --- |
| **Time** | **Details of Activity** | **Address/Contact** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| **Important Contact Info** | |
| --- | --- |
| **Name** | **Phone/Email** |
| Clubs and Societies Office | 00353-1-700-6164 - clubsandsocs@dcu.ie |
| Siobhan Byrne | 00353-1-700-5585 - [siobhan.byrne@dcu.ie](mailto:siobhan.byrne@dcu.ie) |
| DCU Security 24/7 | 00353-1-700-5999 |
| 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

| **Student Next of Kin Information** | | | |
| --- | --- | --- | --- |
| **Name** | **Next of Kin** | **Phone No.** | **First Year?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| **Transport Details**   * **Please detail both Departing and Return transport** | | | | |
| --- | --- | --- | --- | --- |
| **Type** | **Date** | **Destination** | **Departure Time** | **Arrival Time** |
|  |  |  |  |  |
|  |  |  |  |  |

| **Overnight Accommodation** | | | | |
| --- | --- | --- | --- | --- |
| **Accom. Name** | **Check-in Date** | **Arrival Time** | **Checkout Date** | **Checkout Time** |
|  |  |  |  |  |

| **Intervarsity Fee Breakdown**   * The overall entry fee **MUST** be broken down into the cost of each element that makes up the overall cost. | | | |
| --- | --- | --- | --- |
| **Total Cost** | **Cost Per Person** | **Cost Breakdown** | **Additional Info** |
|  |  |  |  |

| **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 |  |
| Activities |  |
| Intervarsity Fees |  |
| 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Additional Information/Assistance** | |
| --- | --- |
| (For immediate assistance contact [clubsandsocsevents@dcu.ie](mailto:clubsandsocsevents@dcu.ie)) |  |

| **Check-List** | |
| --- | --- |
| **Task** | **Yes / No** |
| Provided emergency contact details 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? |  |
| If the trip is Overnight have you held an information night and showed the Tea Consent video? <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) |  |
| 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? |  |

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