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

| **Trip Type (Yes/No)** | | |
| --- | --- | --- |
| Day Trip | Overnight (Ireland) | International |
|  |  |  |

| Club/ Society Information | |
| --- | --- |
| Club/ Society Name |  |
| Trip/Intervarsity Title |  |
| Trip Destination |  |
| Date(s) of travel |  |
| Primary Organiser |  |
| * Contact Number |  |
| * Contact Email |  |
| Numbers travelling |  |
| Number of under 18s |  |
| Description of Trip |  |

| Important Contact info   * Must include Society/Club Group Leaders, Accommodation, Transport #, Intervarsity location | | |
| --- | --- | --- |
| Name | Phone | Address |
| Clubs and Socs | 00353-1-700-6164 | DCU |
| Security 24/7 | 00353-1-700-5999 | DCU |
|  |  |  |
|  |  |  |

| 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 society member per Five people | | | | | |
| --- | --- | --- | --- | --- | --- |
| Group Leader | Person 1 | Person 2 | Person 3 | Person 4 | Person 5 |
|  |  |  |  |  |  |
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| Departing Flight If applicable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Departure Airport | Airline | Departure Time | Flight number | Arrival 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

| Returning Flight If applicable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Departure Airport | Airline | Departure Time | Flight number | Arrival Time | Additional info |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Daily Itinerary | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Start time | End Time | Activity | Address | Contact | Additional info |
|  |  |  |  |  |  |  |
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| **Intervarsity Entry Fee Breakdown** If applicable   * The overall entry fee **MUST** be broken down into the cost of each element that makes up the overall cost per person. | | | | |
| --- | --- | --- | --- | --- |
| Number People Attending | Cost Per Person | Total Cost Break Down Per one Entry Fee | Total Cost | Details |
|  |  |  |  |  |

| Finance Plan | | | |
| --- | --- | --- | --- |
| Description | Income + | Expenditure - | Total = |
| C&S Budget |  |  |  |
| Ticket Sales |  |  |  |
| Sponsorship |  |  |  |
| Committee funding |  |  |  |
| Other: |  |  |  |
| Total Income |  |  |  |
| Transport |  |  |  |
| Accommodation |  |  |  |
| Activities |  |  |  |
| Entry fees (IV) |  |  |  |
| Other: |  |  |  |
| Total Expenditure |  |  |  |
| Total Profit/ Loss |  |  |  |

| Risk Assessment | | | | |
| --- | --- | --- | --- | --- |
| **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 of clubs/ socs |  |  |  |
| Completed all sections of this form |  |  |  |
| Completed a detailed risk assessment |  |  |  |
| Have had a meeting with Siobhán Byrne and C&S Events |  |  |  |
| Confirmed numbers travelling |  |  |  |
| Paid accommodation in full before arrival |  |  |  |
| Provide emergency contact details to all attendees |  |  |  |
| Downloaded SafeZone App |  |  |  |
| Recommend to students to purchase personal travel insurance (if applicable) |  |  |  |
| Have held an information night for the trip and showed the Tea Consent video: <https://youtu.be/oQbei5JGiT8> |  |  |  |
| Submitted organiser's contact details |  |  |  |

| Checklist Sign-off | | |
| --- | --- | --- |
| Name |  |  |
| Position |  |  |
| Date |  |  |

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