Application for Non-Student/Non-Staff Member to Attend an Excursion

Risk, Health and Safety

This Form relates to OHS Procedure - Student Excursions

School / Section: ...................................................................................................................................................

Part A (To be Completed by Staff Member in Charge)

I hereby request for ................................................................................................................................................
(Name of Applicant)
who is neither a student nor a staff member of the University to attend the following excursion:

Destination: ..................................................................................................................................................

Dates: From: .....................................................................   To: .................................................................

Reason(s) for Request: ...............................................................................................................................
.....................................................................................................................................................................
.....................................................................................................................................................................

Signature of Staff Member in Charge: .........................................................................................................

Date: ……. / ….... / …....

Part B (To be Completed by Applicant)

I .......................................................................................................................................................................
(Name of Applicant) undertake to release and indemnify the University, its officers, employees and students against all actions, claims, proceedings and demands that may be made against them for any injury, damage or loss (including death and consequential financial loss) arising out of my attendance at the excursion.

Address: ......................................................................................................................................................

Signature: ....................................................................................................................................................

Date: …../…../…..

Part C (To be Completed by Dean / Director)

Application granted / refused  (cross out whichever is inapplicable)

Name of Dean / Director: .............................................................................................................................

Signature: ....................................................................................................................................................

Date: ……. / ….... / …....

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee
Document Owner: Manager – Risk, Health and Safety
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