

Students' Union Trip Booking Form



Trip Name: _____ Your Name: _____
Home Address: _____
_____ Post Code: _____
Home Tel: _____ Mob: _____
Date of Birth: _____ Age: _____ Passport No: _____ (If going outside UK)

If you are a student of Derby College please complete the following with your ID / Site details, if you are coming as a guest of a Derby College student please enter their details below:

College I.D. Card No: _____ Site of Study: _____
Name of Student (if coming as a guest): _____

[] Please tick to state that you have spoken to your lecturers and have permission to attend this visit (Monday – Friday, term time only)
[] Please tick if you do not wish for your information to be used for future Students' Union purposes

Health Information (This section must be fully completed by ALL students)

Q If you suffer from Asthma, Chest Complaint, Wheezing or Hay Fever, Migraines, Fits or Fainting, Diabetes, Nervous Disorders, Heart Problems or any other illness or disability please provide details:

Q If you are allergic to anything? (Antibiotics, foods, drugs, stings) please give details:

Q If you are receiving any treatment at present please give details (And, if travelling abroad do you have a current medical certificate to confirm):

Q Have you been in contact with any infectious illnesses in the last month? If YES please give details:

N.B. The trip Supervisors will be trained to the First Aid at Work certificate level as recognised by Derby College.

Emergency Contact Details (All Students / Guests must complete this section)

In the event of having to make contact with a friend / relative in the case of the emergency, please indicate both home and work telephone numbers (complete with area code) and mobile number (if available). This person **must be over the age of 18** and **not attending this trip**.

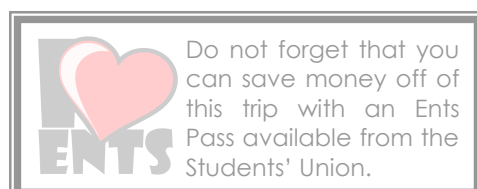
Please complete this section clearly in block capitals.

Name of Contact: _____ Relationship with Contact: _____

Daytime (Landline): _____

Evening (Landline): _____

Telephone Number (Mobile): _____



Terms and Conditions of all DCSU Excursions

In order for you (**if over eighteen**) or your son / daughter (**if under eighteen**) to take part in this visit, it will be necessary to gain permission and consent in the following areas:

- 1 I, (or Parent/ Guardian if under eighteen) agree (for him /her) to travel and take part in the visit.
- 2 I understand that all payments for the visit must be made by the specified dates and that if I / my son / daughter wish to cancel, it will be made no later than the deposit deadline for the excursion. If a cancellation is made after any payment deadline then I understand that all monies are non-refundable and I/ my son / daughter will be invoiced for the remaining balance up to the cancellation date.
- 3 I understand that those supervising me / my son / my daughter are providing a duty of care (for those under eighteen years of age) for all students, and will exercise a standard of care that would be expected of a reasonably prudent parent. I also understand that, during any free time the student will not be under direct supervision.
- 4 I understand the Students' Union / College will not be responsible for personal injury or any other damage or loss unless it is due to negligence of the supervising staff members of the Students' Union / College.
- 5 I understand that, should I / my son / my daughter's behaviour be deemed detrimental to the visit, as deemed by the supervising staff, then arrangements may be made for their / your transportation home at my / his / her expense. If any other costs are incurred they will be charged to my son / daughter.
- 6 I hereby agree to indemnify Derby College Students' Union, its employees and agents against all liability for injury, loss to person including death and damage to property, legal expenses and direct consequential attributed to such injury, loss or damage due to acts or default by me / my son / daughter unless the illness, injury or death was due to the negligence of the Students' Union, its employees or agents.
- 7 Whilst on this Students' Union trip I shall follow the College Code of Conduct at all times, as outlined in the Student Handbook. I shall not do or say anything that may bring the College or Students' Union into disrepute. I understand that to do so may put my College place at risk. I also agree to ALL the pre-arranged pickup points at the agreed times, and understand that if I fail to do so I may be left behind. No compensation will be paid in this event.
- 8 I understand that if a passport is required for this trip and I am not a British passport holder, any visa / travel documentation required must be in place by myself; failure to do so will jeopardise my trip arrangements.
- 9 I understand that photographs will be taken on this trip and may be used for future promotional purposes and that if I have any objections to this then I must contact the Students' Union in writing at Derby College Students' Union, T001, Derby College, The Roundhouse, Roundhouse Road, Derby, DE24 8JE.
- 10 It is important that the Students' Union has previous knowledge of any existing medical or other problems, which may occur while on the visit. This will be treated as confidential.

Parent / Guardian Declaration (Must be signed if Student is under 18)

I agree to all the items as set out above / below, and that all information given is correct. I also give permission for my son/ daughter to go on this Students' Union organised trip.

[] Please tick this box to Agree to the Terms and Conditions of DCSU Trip Bookings (the Terms and Conditions are available above)

Signed: _____

Print Name: _____

Date: _____

Tel: _____

(I understand that I maybe contacted for confirmation of this booking) If you would like to request a copy of the risk assessment for this trip please contact the main Students' Union office on 01332 387488.

Student / Guest Declaration (All students to sign)

Under the terms of the Data Protection Act 1998, I agree to the information given by me above to be held securely and in confidence by the visit leader for the duration of the visit and only to be accessed in the case of an emergency. I understand that this completed form will be kept by the Students' Union for the current academic year after the trip has taken place.

[] Please tick this box to Agree to the Terms and Conditions of DCSU Trip Bookings (the Terms and Conditions are available above)

Signed: _____

Print Name: _____

Date: _____