**Trip Registration Form**

This form is required to be completed for all society trips once a proposal has been accepted by the Student Opportunities Team.

Please complete the details below and email to [suclubs@bournemouth.ac.uk](mailto:suclubs@bournemouth.ac.uk) along with a completed risk assessment.

**Group Details**

|  |  |
| --- | --- |
| **Club/Society Name** |  |
| **Reason for trip** |  |
| **Main contact in your committee** | Name:  Mobile: |
| **Alternative group contact** | Name:  Mobile: |
| **Contact at the Venue** | Name:  Mobile: |
| **Date of Trip:** | **From: To:** |
| **Name(s) of First Aider(s):** |  |

**Travel Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outbound** | | | | | |
| **Mode of transport** | **Company\*** | **Departure point** | **Departure time & date** | **Arrival point** | **Arrival time & date** |
|  |  |  |  |  |  |
| **Return** | | | | | |
| **Mode of transport** | **Company\*** | **Departure point** | **Departure time & date** | **Arrival point** | **Arrival time & date** |
|  |  |  |  |  |  |

\* If using own vehicles, please state driver's name and car registration

**Trip Members List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Student ID Number** | **Next of kin emergency contact (Name & contact number)** | **Known medical conditions or allergies** | **Valid qualifications relevant to the trip activities (e.g. instructor)** | **Are they a designated first aider?** |
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**Trip Members Travel Information - for trips abroad only**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Passport number & country of issue** | **Travel insurance provider** | **EHIC/GHIC number** | **Valid visa for travel** | **Other notes (e.g. travel plans if different from the group)** |
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