**TRIP REGISTRATION FORM**

**Please send a copy of the form, with your itinerary list, to your relevant Coordinator and keep a copy.**

su.sport@northampton.ac.uk for sports

su.societies@northampton.ac.uk for societies

su.volunteering@northampton.ac.uk for volunteering and heritage groups

*The Students’ Union will use the information provided in this form for the purposes of helping organise your trip and to ensure your safety while away, and this purpose only. To enable the trip to proceed the information provided will also be shared with University security.*

*The information provided will be retained till the end of the trip.*

*You can find our Privacy Notice on the Students’ Union website* [*www.northamptonunion.com*](http://www.northamptonunion.com) *and can contact* *enquiries@northamptonunion.com* *concerning the use of this data.*

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| **Trip Details** |
| **Group Name:**  | **Group Leader** **Name:** **Telephone Number:** |
| **Destination & Area:** |
| **Departure Date & Time:** **Return date:** | **2nd Group Leader****Name:** **Telephone Number:** |
| **Departure Point:** |
| **Activity Details** |
| **Type of activity****e.g. study trip to York** |  |
| **Travel arrangements****e.g. travelling with Norfolk Coaches** |  |
| **Car/minibus registration** |  |
| **Destination Address****e.g. The Hilton, London** |  |
| **Postcode:** |  |
| **External guide/leader** |  |
|  **External Company Contact details** | **Telephone Number:****E-mail Address:** |
| **Checklist (tick when completed)** |
| **First Aid Kit** (if you are not providing one, tick here that the venue is providing one) |  | **Emergency Procedures in Place** |  |
| **Activities are planned** |  | **Participants know what to do in an emergency (They have individual emergency checklist)** |  |
| **Suitable Society Equipment** (for any sporting or outdoor activities) |  | **Participants know where to meet** |  |
| **Qualified Leaders** (if necessary) |  | **Participants have insurance and EHIC cards (if travelling in the EU).** |  |
| **Local conditions specific to your activity** (if outside activity). |  | **If vaccinations are required for the destination, participants have had them.** |  |
| **Maps/Guide Books/Directions** |  | **Risk Assessments completed** |  |
| **Passports/Id card** |  | **Visas** |  |
| **Wallet/Money** |  | **Members list and contact details** |  |

**TRIP REGISTRATION FORM (List of people coming)**

**Please Note: The following Data is private information and needs to be kept safe. Do not leave it around or share information. It is for emergency use only. Please make two copies, one for the SU and one for you to take with you on the trip.**

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| **Participant List** |
| **Full Name of Participant** | **Contact Number** | **Emergency Contact Number and Relationship** **e.g. Father 07963558973** | **Medical Conditions/ Dietary Requirements** |
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