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| **FOSH Undergraduate Teaching Field Trip Summary** | | | |
| **Subject details** | | | |
| Subject code and title |  | | |
| Lecturer |  | | |
| Number enrolled in subject |  | | |
| **Transport details** | | | |
| Fieldtrip destination |  | | |
| Driver/s |  | | |
| Time, date of departure |  | Departure location |  |
| Time, date of return |  | Return location |  |
| Travel requestion plan number | TP84435 | | |
| **Work, Health and Safety** | | | |
| Contact telephone number |  | | |
| Risk assessment completed |  | | |
| Emergency contact person |  | Contact number |  |
| Medical Centre |  | Contact number |  |
| Student contribution |  | | |
| Risk Assessments, fieldwork map, ethic approval | Travel booking confirmation | Medical Summary | Sign on sheet |
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