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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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