

Students' Union Trip Booking Form

Non-Student (over 18s only)



Trip Name: _____

Guest Name: _____

Home Address: _____

_____ Postcode: _____

Tel: _____ Date Of Birth: _____ Age: _____

Student whom you are a guest of: _____

Student's College I.D. Card No: _____

In order for you to take part in this visit, it will be necessary to gain information and agreement in the following areas:

- 1** I understand that those supervising me are providing a duty of care for all students and guests, 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. 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.
- 2** I understand that all payments for the visit must be made by the specified dates and that if I wish to cancel, it will be made no later than ten working days prior to departure from Derby College. If a cancellation is made within the ten working days prior to departure then I understand that all monies are non-refundable.
- 3** I understand that, should my behaviour be detrimental to the visit, as deemed by the supervising staff, then arrangements may be made for my transportation home at my expense. If any other expense is incurred due to my behaviour I understand that these will be charged back to myself.
- 4** I understand that, should my behaviour be detrimental to the visit, as deemed by the supervising staff, then the student of whom I am a guest of will also be held responsible for my actions and their college place may be put at risk.
- 5** 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 unless the illness, injury or death was due to the negligence of the Students' Union, its employees or agents.
- 6** 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 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.
- 7** 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.
- 8** 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, Prince Charles Avenue, Derby, DE22 4LR.
- 9** 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.

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

Q Do 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: YES NO

If YES please give details:

Q Are you allergic to anything? (Antibiotics, foods, drugs, stings): YES NO

If YES Please give details:

Q Are you receiving any treatment at present: YES NO

If YES Please give details (If YES and 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: YES NO

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.

Guest Declaration (All guests 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 approximately 12 weeks after the trip has taken place.

Signed: _____ Print Name: _____

Date: _____ Passport No: _____ (If going outside UK)

All Guests Must Complete This Section

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

Please complete this section clearly in block capitals.

Name of Contact: _____

Relationship with Contact: _____

Telephone Numbers: Daytime: _____ Evening: _____