* This form is to be completed by **UG** or **PGT** students for all **off-site fieldwork** as part of dissertation projects.
* It is **only applicable** **for travel within the UK and for low or minimal risk activity**. Used in conjunction with the ‘Generic UGPGT Fieldwork Travel Risk Assessment’.
* For **travel outside the UK** please ask your supervisor to contact the LQ-SSP-Operations inbox.

Data Protection statement:

This form will be held confidentially and securely by your supervisor for emergency purposes until the trip is over, and then it will be destroyed.

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| **Personal Details** | | | |
| Business Unit (including division if applicable): | School of Sociology & Social Policy | Course name/module if applicable |  |
| Date(s) of trip/visit: |  | Main country being visited: | UK |
| Full NAME:  As it appears on your passport |  | Role (UGT or PGT): |  |
| Student number: |  |
| Supervisor: |  |
| Contact telephone number(s):  If you wish, add other ways of contacting you (e.g. via apps and social media) |  | E-mail address: |  |
| **Passport Details (if travelling outside the UK)** | | | |
| Passport number: |  | Expiry date: |  |
| Nationality: |  | Issuing office: |  |
| **Arrangements & Emergency Contact Details** | | | |
| Arrangements agreed with supervisor.  Provide more detail of locations and times, and any arrangement for maintaining contact, as required. |  | | |
| Name of Emergency contact and relationship: |  | Contact telephone number(s) and email: |  |
| Alternative Emergency Contact name and relationship: |  | Contact telephone number(s) and email: |  |
| Do we have permission to contact either of the above people in an emergency?  Please delete as appropriate | | | YES / NO |
| **Health and Medical Information** (If not applicable, state N/A) | | | |
| Give details of any pre-existing medical conditions that may have a bearing on your health & welfare during the trip? | |  | |
| If you have medication you need to take during the trip, confirm that you are able to take sufficient for the duration of the trip (consider potential delays) or you can obtain additional supplies in the locations being visited. | | Delete as appropriate:  N/A  Yes, arrangements in place for all medications  No, arrangements are not in place | |
| Give details of any other issues that may affect your ability to undertake this trip and related activity safely (e.g. accessibility needs, personal characteristics)? | |  | |
| Give details of any dietary requirements and/or food allergies that you consider will be difficult to manage in the locations being visited. | |  | |
| Give details of any situations you may have difficulty dealing with during the trip? e.g. flying, confined spaces, heights. | |  | |
| **Declaration** | | | |
| I confirm that I understand and will follow all trip information and procedures as provided by my Business Unit / trip leader / line manager as applicable. I understand what is expected of me during the trip and that I am undertaking the trip as a representative of the University of Nottingham and will abide by the relevant standards of behaviour and conduct. | | | |
| Signature: |  | Print Name: |  |
| Date: |  |  |  |

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| **Form Submission** | |
| Name of person you are submitting this form to  (i.e. your supervisor): |  |
| Date submitted: |  |