DECLARATION OF FITNESS TO TRAVEL

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff and students must complete ALL PARTS of this form and sign and return it to the Faculty/Directorate before each off-campus trip is carried out | | | | | | | | | | | |
| **Name, as it appears on your passport**  **(BLOCK CAPITALS)** | | | | | |  | | | | | |
| **Faculty/Directorate:** |  | | | | | | | | | | |
| **Job title or Student ID No.:** | | |  | | | | | | | | |
| **Off-campus activity:** | |  | | | | | | | | | |
| **Date(s)/Duration of off-campus activity** | | | | | From | |  | | To | |  |
| **Location(s) of off-campus activity:** | | | |  | | | | | | | |
| **CONFIDENTIAL**  To enable adequate arrangements to be made, to ensure the safety of all staff and students, the University must be aware of any disabilities, medical conditions or medication, or dietary restrictions which may affect your wellbeing or your ability to carry out the planned activity safely.  *If you prefer, you can discuss confidential details with the activity Organiser. Medical advice is available from the Occupational Health & Wellbeing Service (for staff) or the Medical Centre (for students) by prior appointment*  *Information is held in the strictest confidence. Only relevant details will be given to the activity leader or to the supervisor nominated to support you, and only with your consent.* | | | | | | | | | | | |
| **YOUR HEALTH** | | | | | | | | | | | |
| Are you currently in good health? | | | | | | | | ❑ Yes | | ❑ No   *(please specify)* | |
|  | | | | | | | | | | | |
| Do you currently, or have you previously, suffered with any disability or medical condition (eg illness or allergy) relevant to the planned activities and objectives described to you by the activity Organiser or Leader? | | | | | | | | ❑ Yes  *(please specify)* | | ❑ No | |
|  | | | | | | | | | | | |
| Are you, or will you be, taking any prescribed medication for these conditions during this activity, or carrying any medication for emergency use? | | | | | | | | ❑ Yes  *(please specify)* | | ❑ No | |
|  | | | | | | | | | | | |
| Are you, or could you be pregnant? | | | | | | | | ❑ Yes | | ❑ No  ❑ Prefer not to say | |
|  | | | | | | | | | | | |
| Do you have any specific dietary restrictions? | | | | | | | | ❑ Yes  *(please specify)* | | ❑ No | |
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| **CONTACT DETAILS** | | | | | | | | | | |
| **Your Details** | | | | | | | | | | |
| Do Human Resources (for staff) or Student Services (for students) hold your home address / phone number (and term-time address / number, if different)? | | | | | | | ❑ Yes | | ❑ No   *(please provide)* | | |
| What is your mobile phone number and email address if needed for urgent contact? | | | | | | | | | | | |
| **Mobile no.:** | |  | | **Email address:** | |  | | | | | |
| **Emergency Contact Details** | | | | | | | | | | |
| Do Human Resources (for staff) or Student Services (for students) hold details of your nominated emergency contact? | | | | | | | ❑ Yes | | ❑ No   *(please provide)* | | |
| Please provide additional information here, if required | | | | | | | | | | | |
|  | | | | | | | | | | |
| **DECLARATION**  I confirm that I am aware of the nature of the planned activity, objectives and arrangements.  I have declared any relevant information that may affect my ability to carry out the planned activity and have provided current contact details and emergency contact details, if necessary. I undertake to inform the Organiser immediately if there are any changes.  **I agree to abide by the University’s Code of Practice on Off-Campus activities, and the briefings and instructions provided to me for the planned activity.** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Signed:** |  | | | | **Date:** | | |  | | |
| **Declaration returned to**  **(Name of Organiser):** | | |  | | **Building/Room No.:** | | | | |  |