RECORD OF STUDENT BRIEFING FOR OFF-CAMPUS ACTIVITIES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of leader:** |  | | | | | |
| **Faculty/Office:** |  | | | | | |
| **Date(s)/Duration of activity:** | | | From |  | To |  |
| **Location(s) of activity:** | |  | | | | |

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| **Outline of briefing, information and training given to students for off-campus activity**  (give brief details or attach copy): | | | | | | | | | |
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| **Briefing given by:-** | | | | | | | | | |
| **Name**  **(BLOCK CAPITALS):** | |  | | | **Job Title:** |  | | | |
| **Signature:** |  | | | | | | **Date:** |  | |
| **Student declaration** | | | | | | | | | |
| I confirm that I have received, read and understood the briefing outlined above.  I confirm that I have provided the Faculty with up-to-date contact and emergency details and information on any disabilities, medical conditions and medication that may be relevant to the planned off-campus activities and objectives described to me. | | | | | | | | | |
| **Name of student** | | | **Student ID No.** | **Signature** | | | | | **Date** |
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