RECORD OF STUDENT BRIEFING FOR OFF-CAMPUS ACTIVITIES

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

|  |
| --- |
| **Outline of briefing, information and training given to students for off-campus activity** (give brief details or attach copy): |
|  |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |