This form is a mandatory requirement for all Athletic Union/Guild of Societies trips and activity whether you are hiring a vehicle from the Students’ Union (CUSU) or using personal transport. A list of all participants is essential for insurance and releasing any CUSU vehicle for an activity. This is to be **submitted a minimum of 2 working day (Monday to Friday) prior to an activity** to enable staff to resolve issues and reallocate vehicles/cancel any hired vehicles if necessary.

**This form is mandatory. If you do not fill out this form, you will not be granted a vehicle provided by the Students’ Union and future Club/Society activity may be restricted.**

All organised events that involve the core constituted activities with a group of members are deemed an “official” activity whilst studying at Cardiff University. This form/information submitted to CUSU can be used to register any activity thus protecting members, providing basic insurance, giving access to Union support and guidance, and providing a point of contact if activities encounter problems. Any personal information collected in this form is the responsibility of the Committee or Trip Leader until this form is submitted to CUSU at which point it is deemed the responsibility of CUSU to keep all personal information safe in line with CUSU policy. You can find out more on the way that the CUSU collects and processes data at <https://www.cardiffstudents.com/privacy/>. If you have any concerns around this, please contact [studentsunion@cardiff.ac.uk](mailto:studentsunion@cardiff.ac.uk).

**CLUB/SOCIETY:……………………………………... DESTINATION:…………………………..………..……**

**ACTIVITY TITLE: ..………………………………………………………………………………………………………**

**ACTIVITY DESCRIPTION: ..…………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trip Leader Name** | **Student No.** | **Contact Tel. No.** | **Next Of Kin Name** | **Next Of Kin Tel. No.** |
|  |  |  |  |  |

**ACCOMODATION INFORMATION:**

**Address: ……………………………………..…….. Tel. No.: ……………………………………**

**…...……………………………………………..…….. Website: ………………………..…………**

**…...……………………………………………..……..**

**Postcode: …...……………………………….…….**

**TRANSPORT ARRANGEMENTS:**

Date Departing: ………………... Time leaving: ………… Date Returning: ………………... Time returning: …………

**Transport Type**: *(Please ‘X’ as appropriate)* \_\_ Coach \_\_SU Vehicle(s) \_\_ Plane

\_\_ Public Transport \_\_ Personal Vehicle \_\_ Other *(Please specify:* ………………………..……………………….)

**PARTICIPANT LIST:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARTICIPANTS NAME** | | **STUDENT NUMBER**  *(Associate members to include NOK contact no.)* | **Next Of Kin Name** | **Next Of Kin Tel. No.** |
| *1* |  |  |  |  |
| *2* |  |  |  |  |
| *3* |  |  |  |  |
| *4* |  |  |  |  |
| *5* |  |  |  |  |
| *6* |  |  |  |  |
| *7* |  |  |  |  |
| *8* |  |  |  |  |
| *9* |  |  |  |  |
| *10* |  |  |  |  |
| *11* |  |  |  |  |
| *12* |  |  |  |  |
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| *14* |  |  |  |  |
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| *20* |  |  |  |  |
| *21* |  |  |  |  |
| *22* |  |  |  |  |
| *23* |  |  |  |  |
| *24* |  |  |  |  |
| *25* |  |  |  |  |

*(Please add additional rows for additional members)*

**ITINERARY** *(Time and dates of departure, return and any key events)****:***

**……………..………………………………………………………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………………………………**

**WHAT GENERAL ACTIVITIES ARE YOU DOING?**

**……………..………………………………………………………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………………………………**

**……………..………………………………………………………………………………………………………………………………………**

**HEALTH AND SAFETY:**

**What supervision is required?**  **……………..………………………………………………………………………….**

**……………..………………………………………………………………………………………………………………………………………**

**What appropriate ratio of leader to Student is required? …………………………………………………………..**

**……………..………………………………………………………………………………………………………………………………………**

**What First Aid provision is required? ………..…………………………………………………………………………**

**……………..………………………………………………………………………………………………………………………………………**

**What safety equipment do you need to provide to run this activity? ……………………………………………..**

**……………..………………………………………………………………………………………………………………………………………**

**Insurance Details:** *(Do you need any specialist insurance e.g. travel)*

**……………..………………………………………………………………………………………………………………………………………**

By submitting this form, the Trip Leader, who has been named in the above form, believes that the information provided is accurate and true to the best of their knowledge and will ensure that any changes will be notified to the Students’ Union prior to the trip. They also understand that failure to submit participants details in advance of activity may result in forfeiture of transport and future activity. By submitting this form, the Trip Leader accepts the responsibility of assessing the risk of the activity, ensuring emergency procedures are followed, first aid provision is present, that appropriate activity is undertaken to ensure the safety of the members, and that all participants are informed of their requirements.

ay be suitable).

**RISK ASSESSMENT OF TRIP/ACTIVITIES:**

**This trip is aimed at:** *(Please ‘X’ as appropriate)* \_\_ Complete Beginners \_\_Beginners \_\_ Intermediate \_\_ Advanced \_\_ All

*The below table ranks scenarios by risk in each column (1 lowest risk, 5 highest risk). In the yellow boxes, please enter the number that relates most to your trip and calculate the total score (bottom).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Group** | **Leader(s)** | **Equipment** | **Transport** | **First Aid \*see below** | **Weather** | **Accommodation** |
| **1** | Group with appropriate competancy at and above level of activity | Leaders qualified at or above appropriate level for activity | No equipment or protective clothing required | Activity on site or local, no transport requirements for participants | First Aid available. Access to Emergency support. Persons qualified at appropriate level. | Change in weather will have no adverse effect on group | No overnight stay |
| **2** | Highly experienced participants undertaking activity at a high level of performance. Participants are aware of risks involved and trained to deal with foreseeable problems | Leaders experienced in leadership role at or above level of activity | Minimal equipment or protective clothing required to undertake activity. Required for comfort or peace of mind | Use of hired coach or public transport | First Aid not available. Access to Emergency support. Persons qualified at appropriate level. | Change in weather will have minimal effect of activity | Accommodation in Hotel, B&B, Staffed Hostel or Private Residence |
| **3** | Group with appropriate competancy to attempt level of activity with suitable leadership, but not necessarily practical experience | Leaders experienced and competant as a particpant at level of activity. No leadership experience at this level | Some equipment or protective clothing required by participants. No training required for use, equipment failure may cause minor injury | Local or regional movement of participants or large/heavy items, using self driven vehicles | First Aid available. Access to Emergency Support. No, or insufficient Persons qualfied at approproiate level | Change in weather could cause problems if the group is not adequately prepared with training or equipment | Bunkhouse or recognised Campsite |
| **4** | Group with some competancy in activity. Some awareness of risks involved | Leaders with some experience of activity but not at this level. No leadership experience | Complex, delicate or extensive equipment or protective clothing required for some or all participants. Training on use of equipement required. Some reliance on equipment where failure may cause some injury | National movement of participants using self drive vehicles or including over night stay | First Aid not available. No access to Emergency support. Persons qualified at appropriate level | Change in weather could rapidly lead to serious problems if the group is not adequately experienced or equipped | Overnight camping in wilderness area. Use of Mountain Hut or Refuge. Access to communiction and/or shelter |
| **5** | Absolute Novices with no or little experience of the activity at any level | No experience of activity as a participant or leader | Complex, delicate or extensive equipment and/or protective clothing required for all participants. Extensive training on use of equipment required. Direct reliance on equipment, failure is likely cause serious injury | Transportation of heavy or large items and many people, use of minibuses and trailers or travelling abroad | First Aid not available. Persons not qualified at appropraite level. With or without access to Emergency support | Change in weather could have very serious repercussions for the group | Overnight camping in wilderness area. No access to communication or shelter. |
| **Score** |  |  |  |  |  |  |  |

**First Aid** - Where are third party is qualified in first aid at an appropriate level, but not a member of an emergency service or your club. eg. Instructor, attendant at sports facility.   
**Access to Emergency Support** - Where trained professionals would be able to be called to an incident within 45 minutes of an incident. Eg. Ambulance, Mountain Rescue, Coast Guard.   
**Persons Qualified** - Club members with First Aid Qualification a minimum of 4 hour First Aid Certificate for Societies, Pitch and Racket Sports, 8 hours or more for watersports, outdoor or hazardous activities (specialist certificates may be suitable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7-11 Low Risk** | **12-18 Medium Risk** | **19-24 High Risk** | **25-29 Extreme Risk** | **30-35 Unacceptable Risk** |

It is the responsibility of the Club to be aware of the risk of their trip and act in accordance with their Club Activity Risk Assessment to implement control measures.