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* |  |  |  |  |
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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.

**RISK ASSESSMENT OF TRIP/ACTIVITIES:**

*Areas for consideration:*

* *Activity and injuries that can be caused to participant and other participant*
* *Ability to do activity*
* *Equipment required to do activity*
* *Facilities/location that activity takes place on/in/at e.g. surfaces, fixtures and fittings,*
* *Environmental factors that will affect the activity e.g. lighting and temperatures,*
* *Risk to non participants and participants from each other’s interaction,*
* *Appropriate leadership and information distribution/ collecting e.g. participant’s brief and medical details,*
* *Getting to and from the activity*

|  |  |
| --- | --- |
| **LIKELIHOOD** | **SEVERITY** |
| **Score 1**= unlikely, although conceivable | **Score 1**= unlikely, although conceivable |
| **Score 2**= could occur sometimes | **Score 2**= something more that a “scratch” or bruised ego”. A “three day” injury |
| **Score 3**= could occur quite easily/ regularly | **Score 3**= the injury is serious– breaks, loss of consciousness, loss of limbs, death |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF ACTIVITY** | **TYPE OF INJURY/DAMAGE**  What injuries can occur? | **WHAT IS THE HAZARD THAT CAN CAUSE THE INJURY**  (Activity/ Item of Equipment/ Procedure / Location/ Environment / Participants) | **CONTROL MEASURE** currently in place to reduce risk of injury | **LIKELIHOOD** of injury taking account of control measure  (see scale 1-3) | **SEVERITY** of injury taking account of control measure (see scale 1-3) | **RISK FACTOR**  = Likelihood X Severity |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*(Please add additional rows as necessary)*

**Risk factor Scores:**

|  |  |
| --- | --- |
| **RISK FACTOR FROM ASSESMENT** | **LEVEL OF RISK** |
| **1 / 2** | **LOW RISK:** no further control measures should be required at this time |
| **3 / 4** | **MEDIUM RISK:** ensure that the suitable control measures are in place as described in the hazard assessment |
| **6** | **HIGH RISK:** consider additional control measures here. Do not do the activity if you are uncomfortable with the equipment, guidance and support available. Speak to AU for advice. |
| **9** | **DO NOT DO ACTIVITY:** until risk has been considered, reduced and additional control measures have been enforced. Identify the additional necessary control measures and re calculate if appropriate. Speak to AU for advice. |