

Educational Study Visit Form – Personal Details Form



This form **MUST** be completed by all students and staff taking part in any Educational Study Visits. Please return to your Tutor once completed during Induction Week or **BEFORE TRAVEL**.

Personal Details	
Name (Must be same name as passport) SGS/employee number	
Home Address	
Home telephone number	
Mobile telephone number	
Emergency contact name	
Emergency contact details	Daytime: Evening: Mobile: E-mail:

Medical Information	
Will you be taking any medication whilst on the trip?	
If 'YES' please specify	Name: Daily Dosage:
Do you currently suffer from any illnesses or persistent symptoms? (If 'YES' please give details)	
Do you currently suffer from any allergies or require any special dietary provision? (If 'YES' please give details)	
When did you last have a tetanus injection?	
Name of Doctor	
Address of Doctor	
Telephone number of Doctor	

Rules, Regulations & Code of Conduct
<p>By participating in this trip you agree to abide by the following code of conduct:</p> <ul style="list-style-type: none"> • Keep your belongings, passport and any travel tickets safe, they are solely your responsibility • Be on time for the agreed departure time, the trip will not be delayed waiting for any students who are late • Be polite, considerate and refrain from causing any disturbance at all times • The College will not be responsible if you break any laws • If you need to deviate from the trip itinerary at any time for any reason you will inform a leader prior to doing it • If you are under 18 you will not drink alcohol whilst on the trip

Parental Consent (if applicable, please specify if n/a)
<p>I agree to _____ (please insert name) taking part in trips related to the Hairdressing/Beauty Therapy/Make-Up Artistry course and have received the information about it. I authorise his/her participation in the activities and acknowledge the need for him/her to behave responsibly. I agree to the level of staff supervision for the duration of the trip(s) and that during any unsupervised periods he/she is responsible for his/her own actions.</p> <p>Please print name: _____ Signature: _____ Date: _____</p>

Participant Declaration
<p>I have read and understand the itinerary and agree to abide by the code of conduct and any trip guidelines, including the level of staff supervision. I also understand that during any unsupervised periods I am responsible for my own actions. I will inform the group leader of any changes in medical or other circumstances between now and the trip start date.</p> <p>Please print name: _____ Signature: _____ Date: _____</p>