



NOTIFICATION OF STUDENT OFF-CAMPUS ACTIVITY

This form is to be filled in by the staff and approved by the Head of Department. The completed form must be submitted to Finance & Administration **at least 2 working days prior to the activity.**

Staff/Lecturer's name: _____

Department/School: _____

Subject: _____

Activity title/description*:

**If activity is not part of course of study, a signed risk assessment and indemnity form for each participant (including staff) must be attached.*

Names of participants:

Please attach a list of additional names of all students participating in this activity

Off-campus activity details:

Date	Day	Time Leave	Time Return	Location	Supervisor

Staff/Lecturer's Signature:

Date:

APPROVAL:

Head of Department:

Signature

Date:

Chief Financial Officer:

Signature

Date:
