

Field Trip/Excursion Form

*This form should be completed by the Project Supervisor and submitted to the AMS Administrator at the Medical Education Unit (MEU), Faculty of Medicine, Dentistry & Health Science at The University of Melbourne **prior to the commencement** of any field work or excursion 50km outside of your rural or metropolitan area.*

AMS Unit Code: AMS Unit Name:

Student Name/s (a list of student names may be attached to this form, if necessary)

On-site Supervisor:.....

Field Trip Supervisor/s:.....

Emergency Contact Details:.....

Commencement Date:..... Completion Date:

Site Details:

Communication/Reporting Arrangements:

Itinerary (including approximate return time):

Risks/Hazards

Please note any activities that might expose students to risk, indicating whether this risk is high (H), medium (M) or low (L):

Please turn over

DECLARATION

I undertake that all necessary measures will be taken to ensure the safety of the student/s placed in my care, including the provision of necessary protective equipment and adequate supervision

Project Supervisor Signature:..... Date:

Office Use Only
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
AMS Coordinator Signature: Date: