

**EDUCATIONAL/INDUSTRIAL VISITS - INSURANCE ARRANGEMENTS**

Every student who intends to take part in an educational/industrial visit should note that:

**The University's insurance arrangements do not provide any compensation to students who sustain personal injury during a visit, which cannot be attributed to the negligence of either the University or its servants or the owners of the industrial premises, etc, or their servants. This is a matter for a personal accident insurance policy and all students who take part in visits must be informed accordingly.**

Every student who intends to take part in a visit must be given a copy of this form sufficiently in advance of the visit. An organiser of a visit must not allow any student to join the party if he/she has not returned a signed copy of this form.

**DECLARATION**

I have read and accepted the University guidelines.

Full Name :

Course :

Student ID :

Student Mobile # :

Emergency Contact Name :

Emergency Contact Number:

Alternate Email Address:

Date of Birth :

Signature :

## Health Declaration Questionnaire

The purpose of this questionnaire, which complies with the Equality Act 2010, is to assist Teesside University meet its statutory duty to ensure the safety of its students. The Visit Organiser needs to know of any health conditions or disabilities that may affect you, so they can discuss with you the support that you need to participate in the Visit to ensure that you are not put at risk.

1. Do you need any special aids/adaptions to assist you, whether or not you have a disability? Yes/No
2. Do you have a medical condition or disability which may affect your ability to carry out activities on the visit? Yes/No
3. Are you having or waiting for medical treatment of any kind at present? (Includes medication). Yes/No
4. Do you need to take any medication? Yes/No
5. Do you have any back, neck or joint problems causing difficulty with standing, walking, bending, lifting or stair climbing? Yes/No

If you answer YES to any of these items please see your Visit Organiser.

All such information and discussion is confidential and used only for the purpose of safety supervision.

**I confirm that the declaration provided above is correct to the best of my knowledge and understand that by making a false declaration I could put myself or others at risk.**

Full Name :

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Today's Date :

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