## Form 1. Request to undertake an off-campus activity

This form must be used for planning any off-campus activity that requires the approval of a Person in Authority (dean or director). The Person in Authority may set requirements regarding how far in advance of the activity this form must be submitted.

**Department/Program/Service**: Click here to enter text.

**Student group** (course, team, etc.): Click here to enter text.

**Name of activity**: Click here to enter text.

**Expected number of student participants**: Click here to enter text.

**Activity Coordinator(s)** (Dawson faculty or staff member who organizes or coordinates an off-campus college activity):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **\*** | **Position** | **Telephone** |
| Click here to enter text. |[ ]  Click here to enter text. | Click here to enter text. |
| Click here to enter text. |[ ]  Click here to enter text. | Click here to enter text. |
| Click here to enter text. |[ ]  Click here to enter text. | Click here to enter text. |

\* An individual marked with an **X** will also act as an Activity Leader

**Activity Leader(s)** (if different from the above) (Dawson faculty member, staff member or other person authorized by the Person in Authority who acts as the direct report for activity participants and leads the off-campus activity "**on the ground**."):

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Telephone** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Category of activity**: Academic [ ]  Athletic [ ]  Extra-curricular [ ]

**Summarize the nature of the activity**:

Click here to enter text.

**Location of activity**:

Click here to enter text.

Will the activities take place more than one hour’s travelling time from the nearest town/city with a hospital? Yes [ ]  No [ ]

**Tentative travel itinerary**

Complete the section below for a simple itinerary, or attach a separate sheet with a complete travel itinerary (dates, locations, modes of transportation, etc.).

**Date of departure**: Click here to enter a date. **Date of return**: Click here to enter a date.

|  |  |  |
| --- | --- | --- |
| **Tentative dates** | **Location** (city/country) | **Mode of transportation**(rented bus, commercial carrier, rented vehicle\*, or other) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

\* Only in extraordinary circumstances will permission be given to use a rented vehicle.

**Overall risk level** (select only one risk level):

**Low** **1** (the activity will take place within a metropolitan area in Quebec and students will be engaged in activities that may expose them to hazards no greater than those encountered in their everyday lives): Yes [ ]

**Low 2** (the activity will take place within a metropolitan area in Canada but outside Quebec): Yes [ ]

**Moderate** (the activity will take place within Canada but in a remote area, or the activity will take place outside Canada): Yes [ ]

**Preliminary risk assessment**

|  |  |  |
| --- | --- | --- |
| **Hazard identification** | **Risk analysis** | **Risk management plan** |
| **Example**: Reports of tropical diseases in the host country | Participants could get sick, temporarily or permanently.The risk is high if participants go to the regions affected but less so if they avoid them. | Obtain necessary immunizations and learn how diseases are transmitted.Participants will avoid areas where there is greater risk of infection. |
| **Example**: Crime is an ongoing concern in the host country. | Participants could be victims of crime.The likelihood of being victimized is greater for individuals travelling alone, or who look as though they have a lot of money, are wearing flashy clothes, etc. | Participants will travel in groups.Participants will avoid areas known for crime.Participants will dress conservatively.Participants will be aware of surroundings and people. |

|  |  |  |
| --- | --- | --- |
| **Hazard identification** | **Risk analysis** | **Risk management plan** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Student selection process**

Indicate the criteria that will be used for selecting student participants.

Click here to enter text.

**Training and orientation sessions**

Indicate the nature of the training and orientation sessions for student participants. If training and orientation sessions are deemed unnecessary, please indicate why.

Click here to enter text.

**Proposed budget**

(double click to activate. Enter budget amount in orange cells)



**The refund policy for the activity**:

Click here to enter text.

**Approval**:

**Name**: Click here to enter text.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_