**Under 18s Trip Abroad**

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| --- | --- |
| **Dates of Travel (outgoing and return):** |  |
| **Flight number (if applicable):** |  |
| **Accommodation Address:** |  |
| **Co-ordinator contact details:** | **Ph:****E:** |
| **Club Name:** |  |

**Adults Travelling**

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| --- | --- | --- | --- |
| **Full Name:**  | **Phone Number:** | **Role:** | **Has this person been Garda vetted / Access NI’d?:** |
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**Youths Travelling**

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| --- | --- | --- | --- |
| **Full Name:** | **Date of birth:** | **Emergency Contact (Name and contact information):** | **Details of allergies, medications, illness, medical or dietary requirements\*:** |
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\****In the case of a youth having additional medical requirements, have you confirmed with a medical professional that this youth is fit to travel and participate in all elements of the trip?***

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**Do you have a signed parental consent form for all youths travelling?**

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**Do you have a safety plan, in case of emergency?**

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**Have all youths travelling signed a Code of Conduct?**

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**Are all parents aware of details of the trip, and do they have emergency contact details of the trip co-ordinator?**

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**Are you aware, and do you agree to abide to, the 1:6 (adult leader: youths) ratio, with a minimum of 2 adults to each group required at all times?**

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**Any other information that you feel is important?**

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*Please complete and return this form to our National Safeguarding Officer;* *safeguarding@cyclingireland.ie**; at least two weeks before start date of the trip*