



TTHTI

Trinidad and Tobago
Hospitality and Tourism Institute

#SSD010

CORPORATE POLICY AND PROCEDURES INSTRUCTIONS

GUIDELINES FOR FIELD TRIPS

Lecturers taking students on Field Trips are advised to adhere to the following guidelines.

This is to ensure that the trips are properly planned and for the safety of all concerned

**CORPORATE POLICY AND PROCEDURES INSTRUCTIONS****BEFORE THE TRIP**

1. A list of student's names.
2. The course title and code.
3. The lecturer(s) responsible for the students.
4. The number of vehicles to be used designated drivers, registration number of the vehicles, drivers' permits copies and Vehicle Insurance.
5. The sites or places to be visited.
6. The approximate times of arrival and departure of each destination
7. The purpose of the trip(s) related to course, content and objectives.
8. The lecturer should also inform the Manager, Student Services whether the field trip constitutes as an assessment.
9. Contact number of the lecturer(s)
10. Proposed time of departure, arrival to destination and return from trip.
11. A listing of products of the trip
12. Signed Activity Record must be retained by the Student Services, Manager
13. Assignment requirement reminder.

Please note that all students are covered by insurance, therefore it is important that the Institute is aware of the movement of students

DURING THE TRIP

The lecturer should have a list of the students who are expected to be on the trip and ensure that each person is accounted for at each destination.



CORPORATE POLICY AND PROCEDURES INSTRUCTIONS

AFTER THE TRIP

Attendance Registers should be forwarded to the Registrar.

PURPOSE OF FIELDTRIP

COURSE TITLE

CODE

DATE OF FIELD TRIP

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DD	MM	YY

PLACE OF ASSEMBLY:

TIME OF DEPARTURE:

SITES TO BE VISITED:

OBJECTIVE:

COURSE RELATIONSHIP:

VEHICLES:

REGISTRATION NUMBERS:	DESIGNATED DRIVERS:	INSURANCE: yes/no (please attach copy)
REGISTRATION NUMBERS:	DESIGNATED DRIVERS:	INSURANCE: yes/no (please attach copy)

LECTURER(S) IN CHARGE

NAMES	SIGNATURE(S)	CONTACT #
NAMES:	SIGNATURE(S)	CONTACT #

Will this field trip be marked as an assessment? Yes No

List of students name attached Yes No



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**TRINIDAD AND TOBAGO HOSPITALITY AND
TOURISM INSTITUTE**

ACTIVITY RECORD

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT NUMBER: _____

I _____ agree to the conduct stipulations given by TTHTI as stated.
I understand that I will /will not be graded based on performance on or products
produced after this activity.

Signature of Student

Signature of Parent/Guardian
(If applicable)

Signature of Lecturer

Date

Signature of Administrative Officer

Date