Occupational Health Service

EMERGENCY TRAVEL KITS REQUEST FORM

**PRIVATE AND CONFIDENTIAL**

This form is for the procurement of an Emergency Medication or Emergency Sterile Travel Kit for Staff or Students travelling abroad. Each kit incurs a charge of £5 and the kit must be returned to the Occupational Health Service immediately on return to the University.

|  |
| --- |
| **MAIN ORGANISER** |
|  |  |
| Name |  |
| Department/Faculty |  |
| Contact Number |  |
| Email |  |
| Are you travelling? | Yes [ ]  No [ ]  |
| Budget Code |  |
| Budget Contact |  |

|  |
| --- |
| **TRAVELLERS – PLEASE LIST NAMES** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **TRAVEL INFORMATION** |
|  |  |  |  |  |
| Dates of Travel | From: |  | To: |  |
| Travelling Together or Separately on Arrival at Destination Country | Together [ ]  Separately [ ]  |
| Work Location |  |
| Work Context:  | Rural [ ]  City [ ]   |
| Residential Location |  |
| Residential Context:  | Rural [ ]  City [ ]  |
| Travel Route:  | Remote [ ]  Central [ ]   |
| Within 24 hours of medical care/nearest hospital | Yes [ ]  No [ ]  |

 \*Repeat as required

|  |
| --- |
| **COMPLIANCE STATEMENT** |

* I understand I may be contacted by the Occupational Health Service if further information is required.
* I ensure that the Emergency Medication Travel Kit and Emergency Sterile Travel Kit will be returned to Occupational Health Service immediately on the travellers return to the University.
* I am aware that each kit will incur a charge of £5 which will be charged to the relevant department.

Signed …………………………………………………………………… Date ………………………………

On completion of this form, the request will be processed and a date for an appointment will be given if necessary or a collection date will be issued.

If you have any questions about the information required or process of application please contact Occupational Health on 0141 548 4824 or occupationalhealth@strath.ac.uk

The form should be sent to: **Occupational Health Service**

**University of Strathclyde**

**Level 2, Livingstone Tower**

**26 Richmond Street**

**Glasgow G1 1XH**

|  |
| --- |
| **FOR OCCUPATIONAL HEALTH SERVICE USE** |

Kits in stock and checked [ ]

Date for collection arranged ………………………………………

**Comments**

|  |
| --- |
|  |
|  |
|  |

**Nurse Signature** ………………………………………………………………… **Date** …………………

|  |
| --- |
| **SIGNING OUT DETAILS** |

|  |  |  |
| --- | --- | --- |
| **KITS REQUIRED** | Emergency Medication Travel Kit [ ]  | Emergency Sterile Travel Kit [ ]   |
| **KITS ISSUED** | Kit number ………………..………… | Kit number …………….……….. |
| **SIGNATURE - OUT** |  | **DATE** |  |
| **SIGNATURE - RETURN** |  | **DATE** |  |

**Internal Charge Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **IC NUMBER** |  | **PAID** |  |

**Processed in accordance with the Data Protection Act 1998**