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|  | **OFF-SITE WORKING ITINERARY** | | | | | | |  |  |
|  | *NB A copy of this itinerary must be given to the Departmental Off-site Work Co-ordinator* | | | | | | | |  |
|  |  | | | | | | | |  |
|  | **SECTION 1 General** | |  | | | | | |  |
|  |  | | | | | | | |  |
|  | Organiser / Leader | | Click here to enter text. | | | Type of Work | Choose an item. | |  |
|  |  | | | | | | | |  |
|  | Participant(s) Name(s) | | Click here to enter text. | | | | | |  |
|  |  | | | | | | | |  |
|  | Start Date | Click here to enter a date. | | | | Return Date | Click here to enter a date. | |  |
|  |  | | | | | | | |  |
|  | **SECTION 2 Details** | |  | | | | | |  |
|  |  | | | | | | | |  |
|  | Destination / Location of Off-Site Work | | | | Click here to enter text. | | | |  |
|  |  | | | | | | | |  |
|  | Description of off-site work/visit: | | | | Click here to enter text. | | | |  |
|  |  | | | | | | | |  |
|  | Accommodation Address: | | | Click here to enter text. | | | | |  |
|  |  | | | | | | | |  |
|  | Travel Arrangements: | | | Click here to enter text. | | | | |  |
|  |  | | | | | | | |  |