

**Short-Term Visitor Form**

This form is to record the presence of short-term visitors to departments to ensure their presence is noted and that formal supervision arrangements are in place throughout the period of the visit.

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| **THE VISITOR** |
| **Full name of visitor [including Title]** |  |
| **Home address** |  |
| **Institution visitor is formally attached to.** |  |
| **Is the visitor a current member of that Institution and do they support this placement?** |  |
| **Name of staff contact at the visitor’s home institution and contact details.** |  |
| **Emergency contact information** |  |
| **Purpose of visit** |  |
| **Period of the visit (please specify dates)** |  |
| **Performing hazardous activities?****(If yes, please note that you may be asked to supply further details about the nature of these activities for insurance purposes)** |  |
| **GU supervisor’s name** |  |
| **Please note the supervisor is responsible for overseeing the visit and the work of the visitor; arranging adequate supervision at all times and ensuring he/she is given appropriate training and is fully aware of local safety and departmental regulations.** |
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| **VISITOR****I have read and understood the information provided to me and will comply at all times with local regulations and safe working practices.** | Signature |
| **SUPERVISOR****I agree to supervise this visitor.** | Signature |
| **Head of Department approval** | Signature |
| **ADMINISTRATION** |
| **Date recorded in Departmental records** |  |
| **Date University Risk Manager informed for insurance purposes** |  |