



**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.

<b>THE VISITOR</b>	
<b>Full name of visitor [including Title]</b>	
<b>Home address</b>	
<b>Institution visitor is formally attached to.</b>	
<b>Is the visitor a current member of that Institution and do they support this placement?</b>	
<b>Name of staff contact at the visitor's home institution and contact details.</b>	
<b>Emergency contact information</b>	
<b>Purpose of visit</b>	
<b>Period of the visit (please specify dates)</b>	
<b>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)</b>	
<b>GU supervisor's name</b>	
<b>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.</b>	
<b>VISITOR</b> I have read and understood the information provided to me and will comply at all times with local regulations and safe working practices.	Signature
<b>SUPERVISOR</b> I agree to supervise this visitor.	Signature
<b>Head of Department approval</b>	Signature
<b>ADMINISTRATION</b>	
<b>Date recorded in Departmental records</b>	
<b>Date University Risk Manager informed for insurance purposes</b>	