FIELD CARD - FOR LEADERS

Name:	Tel	_ Insurance company:	
Home address in Norway:			
Communication equipment:			
Next of kin (name, resider	nce and tel.):		
FIELDWORK DETAILS* Fieldwork name/type, con	tents/activities:		
Fieldwork area/workplace It is especially important to describ	: e this carefully if the fieldwor	k area/workplace is difficult to) access.
Number of participants (in	icl. leader):		
Duration From:	To:		
When will participants have time off during their fieldwork?			
Itinerary:			
Means of transportation: Please fill in registration number if you are using your own car or a state-owned vehicle.			
Safety equipment:			
CONTACT PERSONS* Contact person at your fac	culty/department:		Геl
Other contact person:		Tel	
* Fill in if you are conducting fieldwork that does not involve any particular risks. (For more information: Fieldwork- for leaders). In the event that your fieldwork is more involved or complicated, you must write a travel plan.			
City/date:	ty/institute during the fieldw	Signature: _	