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**APPLICATION FOR THE APPROVAL OF EDUCATIONAL VISITS BY HEADTEACHER or DEPUTY HEADTEACHER**

*Not all sections will be relevant to every proposed visit:*

**School/Group:****Group leader:**

The group leader should complete this form as soon as possible once the preparations are complete. The group leader should have already received approval of the proposed visit in principle and should have regularly updated the head teacher on the progress of the preparations. The group leader should obtain parental consent (see Model Form 7).

When approval is given, one copy should be retained by the head teacher and another by the group leader. The head teacher should be informed of any subsequent changes in planning, organisation, staffing. If required, the head should seek approval from the school governors.

**1. Purpose of visit and specific educational objectives:****2. Places to be visited:****3. Dates and times:**

Date of Departure:

Date of Return:

**4. Transport arrangements:** Include the name of the transport company and vehicle registration number(s).

A. **Organising company/agency (if any):** Include licence reference number if the body is registered with the Adventure Activities Licensing Authority.

**B. Proposed cost and financial arrangements:**

C. **Insurance arrangements for all members of the proposed party, including voluntary helpers:** Include the name of the insurance company.

D. Address:

**E. Accommodation to be used:**

**9. Details of the programme of activities:**

**10. Details of any hazardous activity and the associated planning, organisation and staffing:**

**11. Names, relevant experience, qualifications and specific responsibilities of staff accompanying the party:**

**12. Names, relevant qualifications and specific responsibilities of other adults accompanying the party:**

**13. Name, address and telephone number of the contact person in the home area who holds all information about the visit or journey in case of an emergency:**

**14. Existing knowledge of places to be visited and whether an exploratory visit is intended:**

**15. Size and composition of the group:**

Age range:

Number of boys:

Number of girls:

Adult to pupil ratio:

Leader/participant ratio:

**16. Information on parental consent:**

Information on whether the group leader has received all consent forms duly completed and signed (parental consent may precede or follow approval):

**Consent forms to be signed by parents.**

Please attach copy of information sheet sent to parents, the parental consent form, and the risk assessment form.

**17. Names of pupils with special educational or medical needs: N/A**

Signed:

Date:

Group leader full name:

**To be completed by the head teacher or deputy teacher**

To the group leader:

1. I have studied this application and am satisfied with all aspects including the planning, organisation and staffing of this visit. Approval is given.
  - a. Please ensure that I have all relevant information including a final list of group members, details on parental consent and a detailed itinerary at least seven days before the party is due to leave.
  - b. Your report and evaluation of the visit including details of any incidents should be with me as soon as possible but no later than 14 days after the party returns.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Head teacher full name: \_\_\_\_\_

A copy of the completed application form and details of any subsequent changes should be retained by the head teacher. A copy should also be available for the responsible authority (governing body).

The form may be modified where approval is sought from the governing body

**1. Place to be visited:****Potential hazards:****2. List groups of people who are especially at risk from the significant hazards you have identified:****3. List existing controls or note where the information may be found:****4. How will you cope with the hazards which are not currently or fully controlled under (3)?** List the hazards and the measures taken to control them.

Call the school and an emergency service if needed

**5. Continual monitoring of hazards throughout visit:** Adapt plans and then assess risks as necessary.



School/Youth Group:	
Group Leader:	
Number in Group:	Boys:                  Girls:                  Supervisors:
Date(s) of Visit:	
Purpose(s) of Visit:	
Venue:	
Commercial Organisation:	

Please comment on the following features:

	Rating out of 10	Comment
1. The Centre's pre-visit organisation:		
2. Travel arrangements:		
3. Content of education programme provided:		
4. Instruction:		
5. Equipment:		
6. Suitability of environment:		

	Rating out of 10	Comment
7. Accommodation:		
8. Food:		
9. Evening activities:		
10 Courier/Representative:		
11. Other comments and evaluation including "close calls" not involving injury or damage:		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Group leader's full name: \_\_\_\_\_

To be detached and completed after all ventures and logged in the school's central records.

	ANSWER
<ul style="list-style-type: none"> <li>• who is the group leader?</li> </ul>	
<ul style="list-style-type: none"> <li>• where am I going to visit?</li> </ul>	
<ul style="list-style-type: none"> <li>• how can I contact my group leader?</li> </ul>	
<ul style="list-style-type: none"> <li>• how do I use the phone if help is required?</li> </ul>	
<ul style="list-style-type: none"> <li>• what will be done to keep me safe and secure on the visit?</li> </ul>	
<ul style="list-style-type: none"> <li>• what should I do if I get lost or into difficulties when not with the group leader?</li> </ul>	
<ul style="list-style-type: none"> <li>• what is written in the code of conduct for my visit?</li> </ul>	
<ul style="list-style-type: none"> <li>• what do I do to keep my money and valuables safe?</li> </ul>	
<p><b>FOR RESIDENTIAL VISITS AND EXCHANGES:</b> DO I KNOW:</p>	
<ul style="list-style-type: none"> <li>• the address(es) and telephone number(s) of the place(s) where I shall be staying?</li> </ul>	
<ul style="list-style-type: none"> <li>• how should I behave (house rules) where I am staying?</li> </ul>	
<ul style="list-style-type: none"> <li>• where am I to sleep and where am I to dress?</li> </ul>	
<ul style="list-style-type: none"> <li>• what do I do if I am worried/unhappy about anything when staying with a host family?</li> </ul>	



*(to be distributed with an information sheet giving full details of the visit)*

School/Group: \_\_\_\_\_

**1. Details of visit to:** \_\_\_\_\_

From: \_\_\_\_\_ Date/Time: \_\_\_\_\_ To: \_\_\_\_\_ Date/Time: \_\_\_\_\_

I agree to \_\_\_\_\_ (name)

taking part in this visit and have read the information sheet. I agree

to \_\_\_\_\_'s participation in the activities described. I acknowledge the need

for \_\_\_\_\_ to behave responsibly.

**2. Medical information about your child**a. Any conditions requiring medical treatment, including medication?  
please give brief details:

YES/NO If YES,

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b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

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**For residential visits and exchanges only**

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If YES, please give brief details:

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d. Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

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e. When did your son/daughter last have a tetanus injection?

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I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

### 3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**

SURNAME	FORENAME	DATE OF BIRTH	ADDRESS	NEXT OF KIN	CONTACT PHONE NUMBER	RELEVANT MEDICAL INFORMATION

*To be completed before the visit. Copies to be held by the group leader and school home contact.*

1. School/group: \_\_\_\_\_

2. Name of group leader: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

3. Visit departure date: \_\_\_\_\_

4. Return information: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

5. Group: Total Number: \_\_\_\_\_ Adults: \_\_\_\_\_ Group Members: \_\_\_\_\_

6. Do you have an emergency contact list for everyone in the Group? YES/NO (If no, obtain one. If yes, attach it to this sheet.)

7. Emergency contact information:

a. During school hours:

Head Teacher: \_\_\_\_\_ Tel: \_\_\_\_\_

Deputy/other: \_\_\_\_\_ Tel: \_\_\_\_\_

b. Out of school hours:

Head Teacher: \_\_\_\_\_ Tel: \_\_\_\_\_

Deputy/other: \_\_\_\_\_ Tel: \_\_\_\_\_

c. Travel Company:

Name/Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Travel Rep: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Insurance/Emergency Assistance: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Hotel: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Hotel contact (eg Rep/Manager): \_\_\_\_\_

d. Other emergency numbers: \_\_\_\_\_

(eg telephone tree) \_\_\_\_\_

\_\_\_\_\_

	YES	NO
• Is there regular testing of water quality?		
• Are accurate signs displayed indicating the depth?		
• Is the depth of the water less than 1.5 metres? (If so diving should not be permitted)		
• Is there a resuscitator? Are the lifeguards trained in its use?		
• Is there poolside rescue equipment?		
• Are there a poolside telephone and an alarm?		
• Is an emergency action plan displayed?		
• Are normal operating procedures available?		
• Is there constant pool supervision?		
• Is the swimming pool room, in the case of an indoor pool, locked when not in use?		
• Do the supervisors have current National Pool Lifeguard Qualifications?		
• Is the number of pupils/students supervised by one qualified adult fewer than 20?		
• Are the changing facilities in keeping with basic hygiene and personal safety?		
• Do the pupils/students know not to leave any group member alone at any time in the pool?		

**CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL**

**SWIMMING ABILITY** *Consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability*

1. I would

Is your child able to swim 50 metres? YES/NO

Is your child water confident in a pool? YES/NO

Is your child confident in the sea or in open inland water? YES/NO

Is your child safety conscious in water? YES/NO

(name) to take part in the specified visit and having read the information provided agree to him/her taking part in the activities described.

2. I consent to any emergency medical treatment required by my child during the course of the visit.

3. I confirm that my child is in good health and I consider him/her fit to participate.

Signed:

Date:

Full name of parent/guardian:

Telephone numbers:

Home:

Work:

My home address is:

Name, address and telephone number of family doctor:

**THIS FORM OR A COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT**

**Travel Risk Assessment**

School's name: <b>Overton School, Hereford Road, Ludlow, SY8 4AD</b>						
Area/activity assessed by:				Date of assessment:		
Approved by:				Date of assessment:		
Hazard Observed	Risk Before Control Measures	Who's At Risk	Control Measures		Residual Risk Rating	
Exposure to weather.	Cold injury, heat injury, over-exposure to sun.	Pupils and staff.	<ul style="list-style-type: none"> <li>Consider possible weather conditions and plan appropriate program, clothing and equipment.</li> <li>Plan for pupils who may not bring suitable clothing – check before departure and/or bring spares.</li> <li>Daily weather forecast obtained and plans adjusted accordingly.</li> <li>Provide clear information about suitable clothing and equipment to pupils and parents.</li> </ul>		Low	
Pupil lost or separated from group, inadequate supervision.	Injury, death.	Pupils.	<ul style="list-style-type: none"> <li>Plan supervision before visit and brief staff and Pupils. Ensure supervising staff competent and understand their roles.</li> <li>Sufficient supervision</li> <li>Plan and use suitable group control measures (for example, buddy systems, large groups split in small groups each with named leaders, identification system).</li> <li>Discuss itinerary and arrangements with pupils.</li> <li>Briefing to all on what to do if separated from group.</li> <li>Head counts by leaders particularly at arrival/departure points, and when separating and reforming groups.</li> </ul>		Low	
Illness or injury.	Illness, injury.	Pupils, staff.	<ul style="list-style-type: none"> <li>1<sup>st</sup> aid cover accessible and appropriate</li> <li>Leaders know how to call emergency services.</li> <li>Pupils and parents are reminded to bring individual medication and this is securely kept.</li> <li>First aid and travel sickness equipment carried.</li> <li>Mobile phones carried if available.</li> <li>Emergency contacts arranged</li> </ul> <p>Check first aid certificates current. Medication brought by pupils.</p>		Low	
			<ul style="list-style-type: none"> <li></li> </ul>			

School's name: Overton School, Hereford Road, Ludlow, SY8 4AD						
Area/activity assessed by:				Date of assessment:		
Approved by:				Date of assessment:		
Hazard Observed	Risk Before Control Measures	Who's At Risk	Control Measures		Residual Risk Rating	
Special needs of specific pupils – medical, behavioural, educational.	Illness, injury.	Pupils	<ul style="list-style-type: none"> <li>Obtain information from parents</li> <li>Take advice from SENCO if appropriate</li> <li>Make necessary arrangements for individual pupils including individual risk assessment and additional staffing as necessary.</li> </ul>	Use parental consent form.	Low	
Indirect/remote supervision (includes field work, souvenir shopping, theme parks, historic sites etc...	Injury, death.	Pupils	<ul style="list-style-type: none"> <li>Check location as suitable for this mode of supervision.</li> <li>Ensure pupils sufficiently briefed and competent (any individual pupils for whom indirect supervision not suitable must be directly supervised).</li> <li>Clear guidelines and emergency procedures set and understood. <ul style="list-style-type: none"> <li>Pupils remain in pairs or groups (buddy system – each responsible for named other).</li> <li>Rendezvous points and times set.</li> <li>Pupils know how to contact staff.</li> <li>Staff understand they are still responsible.</li> <li>Parents informed and consent given</li> </ul> </li> </ul>	Included in information to parents.	Medium	
Leader's own children.	Injury or death.	Pupils, other children, staff.	<p>If staff (teachers or volunteers') families join group, pupil supervision must not be compromised.</p> <ul style="list-style-type: none"> <li>Staff children are similar age to group and supervised with pupils or separate supervision arranged.</li> </ul>	Consider before staffing agreed.	Low	
			<ul style="list-style-type: none"> <li></li> </ul>			



School's name: Overton School, Hereford Road, Ludlow, SY8 4AD

Area/activity assessed by:

Date of assessment:

Approved by:

Date of assessment:

Hazard Observed	Risk Before Control Measures	Who's At Risk	Control Measures		Residual Risk Rating	
Traffic accident, coach.	Injury, death, separated from group.	Pupils, staff.	<ul style="list-style-type: none"> <li>Coach from a reputable supplier.</li> <li>Coaches have seat belts that staff ensure are used.</li> <li>Buses without seatbelts are avoided if possible and never used on high speed roads.</li> <li>Sufficient supervision</li> <li>Suitable embarkation points used (for example, coach park, onto wide pavement).</li> <li>Close supervision and head counts during any breaks in journey and getting on and off coach.</li> </ul>		Low	
Use of private vehicles.	Injury, death.	Pupils, staff.	<ul style="list-style-type: none"> <li>All use in compliance with driving at work policy</li> <li>Seatbelts worn at all times.</li> <li>Specific permission obtained from parents.</li> </ul>		Low	
Minibus travel.	Injury, death, separated from group.	Pupils and staff.	<ul style="list-style-type: none"> <li>All use in compliance with DCC 'Notes and Guidance on the Use of Minibuses' and legal requirements</li> <li>Care always taken in parking in suitable place for disembarkation.</li> <li>Close supervision and head counts during any breaks in journey and getting in and out of bus.</li> </ul>		Low	
Service station and other breaks in journey	Injury, death, left behind/separated from group.	Pupils	<ul style="list-style-type: none"> <li>Brief pupils on: purpose and timings of stop. how and where to contact staff.</li> <li>Remain in pairs or threes (buddy system – each responsible for named other)</li> <li>Remind about moving traffic (driving on right abroad).</li> <li>Careful head count before departure.</li> </ul>		Low	

School's name: Overton School, Hereford Road, Ludlow, SY8 4AD

Area/activity assessed by:

Date of assessment:

Approved by:

Date of assessment:

Hazard Observed	Risk Before Control Measures	Who's At Risk	Control Measures		Residual Risk Rating	
Ferry crossing.	Injury, death, drowning, separated from group.	Pupils	<ul style="list-style-type: none"> <li>• Close supervision on vehicle deck.</li> <li>• 'Rules' established and pupils briefed, especially about open deck area.</li> <li>• Remain in pairs or threes (buddy system – each responsible for named other).</li> <li>• Meeting point agreed throughout crossing and on docking (numbered stairway to coach deck).</li> <li>• Careful head count before disembarkation.</li> <li>• Planned procedure for missing pupils – for example, member of staff to leave as foot passenger.</li> </ul> Arrange procedures with staff and pupils before arrival at ferry.		Low	
On foot.	Injury, death.	Pupils and staff.	<ul style="list-style-type: none"> <li>• Work on foot planned to avoid fast roads wherever possible. Planning</li> <li>• Supervision on pavements, roads and especially crossing of any fast roads is pre-planned.</li> <li>• Pupils are briefed about hazards and behaviour required.</li> </ul>		Medium	
Use of public transport: trains, trams, underground, bus, air travel.	Injury, death, separated from group.	Pupils and staff.	<ul style="list-style-type: none"> <li>• Journey is planned and assessed – key risk points identified. Planning</li> <li>• Careful supervision, particularly in crowded areas and entry, exit and change points with head counts.</li> <li>• Large groups divided into small groups each with leader(s).</li> <li>• Pupils know their group and leader(s).</li> <li>• Emergency plan in place – pupils briefed where they are going, what to do if separated from group.</li> </ul>		Low	