

Most if not all LEAs will have their own forms, which reflect their own visits policy. Head teachers should use these.

The forms included in this chapter are based on existing forms from a variety of sources. Head teachers and others who do not have access to LEA documents may find the forms useful as they stand - in which case they are free to photocopy them - or as a model to be worked on.

APPLICATION FOR THE APPROVAL OF EDUCATIONAL VISITS BY
HEAD TEACHER, GOVERNING BODY OR LEA

(First check whether your LEA has its own standard form)

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 or LEA.

1. Purpose of visit and specific educational objectives:

2. Places to be visited:

3. Dates and times:

Date of Departure: _____ Date of Return: _____

Time: _____ Time: _____

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

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

Name: _____ Address: _____

Tel: _____ Licence No if registered: _____

6. Proposed cost and financial arrangements:

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

Insurance Cover: _____ Policy No: _____

Address: _____

8. Accommodation to be used:

Name: _____ Address: _____

Telephone Number: _____

Name of head of centre (if available): _____

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:

To be completed by the head 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 (LEA and/or governing body).

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

1. Place to be visited e.g Paris:

Potential hazards:

eg:	walking in city streets	travelling by ferry
	loss of passport	unsuitable hotel

2. List groups of people who are especially at risk from the significant hazards you have identified:

eg:	pupils	non-teaching staff
	students	teachers
	group leader	

3. List existing controls or note where the information may be found:

eg:	ensure sufficient supervision	know details of consulate
	clear guidance to pupils	exploratory visit

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.

5. Continual monitoring of hazards throughout visit:

Adapt plans and then assess risks as necessary.

To be completed after completion of Form 3

Assessment and Action plan prepared by: _____

Date: _____

Next Assessment due: _____

EVALUATION OF THE VISIT TO BE COMPLETED BY THE GROUP
LEADER FOR FUTURE REFERENCE

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
who is the group leader?	
where am I going to visit?	
how can I contact my group leader?	
how do I use the phone if help is required?	
what will be done to keep me safe and secure on the visit?	
what should I do if I get lost or into difficulties when not with the group leader?	
what is written in the code of conduct for my visit?	
what do I do to keep my money and valuables safe?	
FOR RESIDENTIAL VISITS AND EXCHANGES: DO I KNOW:	
the address(es) and telephone number(s) of the place(s) where I shall be staying?	
how should I behave (house rules) where I am staying?	
where am I to sleep and where am I to dress?	
what do I do if I am worried/unhappy about anything when staying with a host family?	

PARENTAL CONSENT FOR A SCHOOL VISIT

(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?

YES/NO

If YES, please give brief details:

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:

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:

d Is your son/daughter allergic to any medication?

YES/NO

If YES, please specify:

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

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

EMERGENCY CONTACT 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

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

SWIMMING ABILITY

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

1. I would like _____ (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: _____

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