

# **Educational Visits Appendix**

Key document details

Author: Judicium/H&S Manager Approver: CEO

Owner: Health & Safety Manager Version no.: 4.0

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The Principal has nominated Usa Divakaran as Educational Visits Co-ordinator (EVC).



### **CONSENT FORM FOR ACADEMY TRIPS AND OTHER OFF-SITE ACTIVITIES**

Please sign and date the form below if you are happy for your child, <name of the child>:

- a) To take part in academy trips and other activities that take place off academy premises; and
- b) To be given first aid or urgent medical treatment during any academy trip or activity.

# Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
  - all visits (including residential trips) which take place during the holidays or a weekend
  - o adventure activities at any time
  - o off-site sporting fixtures outside the academy day,
  - o all off-site activities for nursery academy's.
- The academy will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the academy that you do not want your child to take part in any particular academy trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the academy – for example, year-group visits to local amenities – as such activities are part of the academy's curriculum and usually take place during the normal academy day. Parental consent will be updated on an annual basis.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

### **MEDICAL INFORMATION**

Details of any medical condition that my child <name child="" of=""> suffers from and any medication my child should take during off-site visits:</name>
Date

# **Provider Form**

Providers that do not hold an LOtC Quality Badge are required to complete and return this form in advance of the school making a commitment. Staff member in charge..... Date(s) of visit..... Name of provider..... The provider or tour operator providing services to the school is asked to give careful consideration to the statements below and sign in the space at the end of the form to indicate that the standard of service will meet the conditions listed. Please tick all specifications you can meet, indicate by a cross any you cannot meet, and write N/A against any specifications which do not apply to your provision. Section A should be completed for all visits. Sections B (adventure activities), C (tour operators) and D (expeditions) should also be completed if applicable. **SECTION A - ALL VISITS** Health, Safety, and Emergency Policy 1. The provider complies with relevant health and safety regulations, including the Health and Safety at Work Act 1974 and associated regulations for visits taking place in the UK, and has a health and safety policy and recorded risk assessments which are available for inspection. 2. Accident and emergency procedures are maintained and records are available for inspection. 3. All vehicles are roadworthy and meet the requirements of relevant regulations in the country in which they are being used. 4. All reasonable steps are taken to check staff who have access to young people for relevant criminal history and suitability to work with young people. 5. There are adequate and regular opportunities for liaison between school staff and the provider's staff and there is sufficient flexibility to make changes to the programme if necessary and the reasons for such changes will be made known to school staff. 6. The provider has never been dismissed from any employment or had a contract ended Insurance 7. The provider has public liability insurance for at least £5 million with a clause giving 'indemnity to Accommodation (if provided) 8. UK accommodation is covered by a current Fire Risk Assessment available for inspection. 9. If abroad, the accommodation complies with fire, health and safety regulations which apply in the country concerned. 10. There are appropriate security arrangements to prevent unauthorised persons entering the accommodation.

11. Separate male and female accommodation and washing facilities are provided and staff

accommodation is close to participants' accommodation.

# SECTION B - ADVENTURE ACTIVITIES AND OUTDOOR FIELD STUDIES

12. Adventure Activities Licensing Authority (AALA) Licence covering dates of visit 272YES 22OUT OF SCOPE
13. If YES, AALA Licence number R
For AALA licensable activities in the UK, the specifications in this section are checked as part of the AALA inspection. However, providers licensed with AALA are asked to consider these specifications with respect to any activities or aspects of provision not covered by the licence.
<ul> <li>Activity management</li> <li>14. The provider operates a policy for staff recruitment, training and assessment which ensures that all staff with a responsibility for participants are competent to undertake their duties.</li> <li>15. The provider maintains a written code of practice for activities which is consistent with relevant National Governing Body guidelines and/or, if abroad, the relevant regulations of the country concerned.</li> <li>16. Staff competencies are confirmed by appropriate National Governing Body qualifications for the activities to be undertaken, or staff have had their competencies confirmed in writing by an appropriately experienced and qualified technical adviser.</li> <li>17. Where there is no National Governing Body for an activity, the provider has a Code of Conduct for that activity which is in line with current good practice within the UK, and this includes appropriate instructor competencies.</li> <li>18. Participants will at all times have access to a person with an appropriate First Aid qualification. Staff are practiced and competent in accident and emergency procedures.</li> <li>19. There is a clear definition of responsibilities between providers and visiting staff regarding supervision and welfare of participants.</li> <li>20. All equipment used in activities is suited to task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks where necessary.</li> </ul>
SECTION C - TOUR OPERATORS  Where a tour operator delivers services to school using other providers e.g. ski establishments, transport operators or accommodation, the tour operator must ensure that each provider meets the relevant specifications outlined in Sections A and B of this form and that these providers operate to standards which meet the relevant regulations which apply to the country of operation.  22. Sections A and B of this form, as appropriate, have been completed to show that checks have been made.
Records are available for inspection.  23. The Tour Operator complies with the package travel regulations, including bonding to safeguard customers' monies.  24. ATOL, ABTA or other bonding body name and numbers
SECTION D - OVERSEAS EXPEDITIONS
25. The provider complies with 'Guidance for Overseas Expeditions, Edition 3' (GOE3). If any of the above specifications cannot be met or are not applicable, please give details:
Details of any other accreditation, eg with National Governing Bodies, tourist boards, etc.

# **DECLARATION**

I hereby certify that I am an authorised signatory to enter into this Agreement and to bind the said company, firm, person or corporation to the terms and conditions herein.

	Signed
	Date
	Name (print)
	Position in organisation
	Full name and address of company, firm, person or corporation:
	Tel
	Fax
	Email
1	

The implication for parents as part of the agreement include:

## **Financial Recompense:**

Student withdrawing from Trip after refund deadlines where parent has paid for the trip.

- Refunds will be available in accordance with insurance cover
- Parents should make an application in writing, stating clearly the reasons for the student being withdrawn, as soon as student withdraws from trip

## **Students Behaviour issues:**

- If a student behaves in a manner not in line with normal Harris expectations they will be disciplined according to the behaviour policy upon their return
- If a student behaviour is deemed that they can no longer remain on the trip it
  will be the responsibility of the parent to bear the cost of transporting the
  student home. This may require the parent to collect the student from the
  venue

### **Student Illness:**

- If a student is taken ill the decision for the student to be taken home will be made in consultation with the parent
- Any financial cost which is not covered by insurance will need to be foot by the Parent

# Collection on return to the Academy:

- It is the responsibility of the parent to ensure the student is collected from the Academy at the designated time
- The cost to travel home from the Academy is the responsibility of the Parent
- Any student not collected within a reasonable time will be referred to Social Services

# **Appendix 5 – Checklist for Group Leader**

# **Description of visit:**

ACTION TAKEN	YES/NO	NOTES
Outline visit plan (itinerary) approved by Principal / EVC		
Venue visited or others consulted and liaised with		
Risk assessments completed and checked by Principal and		
EVC		
Parental consent forms completed		
Medical forms completed		
Insurances checked		
Staffing levels agreed (based on risk, gender and skill mix)		
Transport arranged and documentation such as MOT and		
road tax checked		
Equipment sufficient and suitable		
There is a completed provider form if suitable		
First Aid arrangements in place		
Staff and volunteers briefed		
Parents briefed – Informed of responsibility of care		
Students briefed to include expected code of conduct		
(behaviour policy)		
Emergency plan agreed		
Leave full details of all students and staff with emergency		
contact and main office		
Final plans approved by Principal and Governors		
Financials – cost of activity, travel, admission fees, etc.		
Free school meal allocation		
Food – religious exceptions, allergies, etc.		
Teaching cover arranged		
Management of students with SEN		
Ensure travel first aid kits as well as spare medication with		
details of students with medical needs		
For residential trips – Business Continuity Plan		
Visit is evaluated with the EVC		
Significant issues are recorded		

Date completed:
Signature Principal:(for approval)
(tot approvar)
Signature EVC:
(for approval)

# Appendix 6 – Risk Assessment

The following are the 10 key points to consider when preparing a risk assessment.

- 1. What are the main objectives of the visit?
- 2. What is the "Plan B" if the main objectives can't be achieved?
- 3. What could go wrong? Does the risk assessment cover:
  - The main activity
  - "Plan B"
  - Travel arrangements
  - Emergency procedures
  - Staff numbers, gender and skill mixes
  - Generic and site-specific hazards and risks (including for Plan B)
  - Variable hazards (including environmental and participants' personal abilities and the 'cut off' points).
- 4. What information will be provided for parents?
- 5. What consents will be sought?
- 6. What opportunities will parents have to ask questions (including any arrangements for a parents' meeting)?
- 7. What assurances are there of the leader(s) competencies?
- 8. What are the communication arrangements?
- 9. What are the arrangements for supervision, both during activities and 'free time' is there a Code of Conduct?
- 10. What are the arrangements for monitoring and reviewing the visit?

### **EDUCATIONAL VISIT RISK ASSESSMENT**

(This form should be completed, in addition to any generic risk assessments that might be used, if there are any specific risks associated with the particular activities undertaken, the actual locations visited, or any individuals involved).

EDUCATIONAL VISIT TO:				DATE(S):	
ACADEMYNAME:	LEADER'S NAME	:	AGES/YEAR GROUP(S) OF STUDENTS:		
GENERIC RISK ASSESSMENTS TO BE FOLLOWED FOR THIS VISIT: (e.g. Travel by Coach)					
Specific Individuals at Risk		Control Measures			

(i.e. Staff or students who may be particularly at risk of harm, or who might present a hazard to others – include risk factors) e.g. Bob Jones - occasional epileptic seizures

(I.e. what steps are being taken to reduce the risk of the hazard?)

e.g. Bob Jones – regular checks, ensure medication taken, staff/students aware and trained

SPECIFIC DATE? LOCATION? EVENT? ACTIVITY? (e.g. 24/7/04	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?)  (e.g. Fast incoming tides 2 trapped	CONTROL MEASURES (i.e. what steps are being taken to reduce the risk of the hazard?)  (e.g. Ring Coastguard – check tides and weather –	COMMENTS OF EXTRA ACTION REQUIRED BEFORE DEPARTURE  (e.g. Check if "Spring	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both seriousness and
Visit to Flamborough Head and beach)	②drowning or fall from cliff)	inform of visit – depart from beach 2 hours before high tide)	Tides", Add coastguard tel. no. to leader's mobile phone)	likelihood of hazard)

SPECIFIC DATE? LOCATION? EVENT? ACTIVITY?	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?)	CONTROL MEASURES (i.e. what steps are being taken to reduce the risk of the hazard?)	COMMENTS OF EXTRA ACTION REQUIRED BEFORE DEPARTURE	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account
(e.g. 24/7/04	(e.g. Fast incoming tides 2 trapped	(e.g. Ring Coastguard – check tides and weather –	(e.g. Check if "Spring	both <u>seriousness</u> and
Visit to		inform of visit – depart from beach 2 hours before high	Tides", Add coastguard	<u>likelihood</u> of hazard)
Flamborough		tide)	tel. no. to leader's mobile	
Head and beach)			phone)	

IMPORTANT: The Risk Assessment should be shared and discussed with **all** the leaders of the visit, and should **only** be approved once all significant hazards have been identified, the control measures are agreed and will be implemented, AND the overall risk ratings are considered acceptable. In most circumstances, if the Overall Residual Risk is considered "Med" or "High", the activity/event should be cancelled, or additional control measures put in place to reduce the risk to "Low".

Risk Assessment carried out by (Name): (Position	n):	Date:
Risk Assessment approved by - Overall Group Leader's signature:		Date:
Deputy Group Leader's signature:		Date:
Assistant and Volunteer Leaders sig	nature(s):	Date: