



SCHOOL TRIPS POLICY

December 2016

SAINT JOHN BOSCO COLLEGE OUTDOOR LEARNING DOCUMENTATION CHECKLIST

Before an outdoor learning activity takes place the teacher organising the visit must ensure that the following documentation is in place with copies for the colleagues indicated.

Teacher organising the visit should collate the following:

	Total Number of copies	Organiser	Headteacher	SLT i/c of visits	School Business Manager	Office	SLT i/c Communications	SLT i/c Cover	Line Manager	Director of Learning	SLT accompanying visit
1. SJBC Outdoor Learning Approval form signed <i>(include LA approval for water based, hazardous, residential & visits abroad)</i>	4	✓	✓	✓	✓						
2. SJBC Risk Assessment & First Aid	2	✓		✓							
3. Any further risk assessments.	2	✓		✓							
4. Details of exploratory visit	2	✓		✓							
5. Budget & costings	3	✓			✓				✓		
6. Letter to parents	4	✓		✓		✓			✓		
7. Reply slips	1	✓									
8. Medical arrangements	1	✓									
9. Transport arrangements	2	✓			✓						
10. Finalised dates & times	5	✓		✓		✓	✓				✓
11. Programme of activities	3	✓							✓		✓
12. For residential & visits abroad: Students checklist	1	✓									
13. Specific emergency procedures	3	✓		✓		✓					
14. Staffing list	3	✓		✓				✓			
15. Assurance from venue that their participating staff are trained & CRB checked.	2	✓		✓							
16. Staff cover requirements	2	✓						✓			
17. Student group list with nominated staff leading each group <i>(include member of SLT for water-based, hazardous, residential & visits abroad)</i>	2	✓									✓
18. Record of risk assessment meeting with staff & students <i>(include meeting with parents for water-based, hazardous, residential & visits abroad)</i>	2	✓		✓							
19. Finalised contact details & medical needs list of participants	4	✓		✓		✓					✓
20. Completed Outdoor Learning Evaluation form	3	✓		✓					✓		
21. Balanced accounts on the costings form	2	✓			✓						

Any further documents, lists or forms should be distributed as necessary to ensure a safe and well organised visit.

Medical information should not be copied.

OUTDOOR LEARNING PLANNING PROCEDURES

OUR AIM

At Saint John Bosco College we aim to challenge the school community to excellence. The procedures we have developed therefore endorse the intrinsic value of supporting education through outdoor learning, whilst ensuring that health and safety are our first priority.

These procedures cover any activity planned to take place off school premises. The procedures should be read in advance of the planning the outdoor learning activity to assist full compliance with borough and national obligations.

PLANNING PERIOD:

- a) **Non – residential & non hazardous** outdoor learning experience in the UK should be planned at least **6 weeks** before the date of the proposed activity.
- b) **Residential, water based or hazardous** outdoor learning experience in the UK should be planned at least **6 months** before the date of the proposed activity.
- c) Outdoor learning experience **abroad** should be planned at least **1 year** before the date of the proposed activity.

In exceptional circumstances, beyond the control of the organiser, a shorter period of planning may be allowed, at the Head teacher's discretion.

PLANNING PROCESS:

STEP ONE: Approval Request to Headteacher

- a) Complete the approval form and submit to head teacher.

STEP TWO: Receiving Approval

- a) Receive signed approval from the headteacher & Chair of Governors giving permission to proceed with organising the visit.
- b) Residential activity, activity abroad, & hazardous activities require approval from the Wandsworth Outdoor Education Adviser

STEP THREE: Risk Assessment

- a) Complete a risk assessment form in detail
- b) An exploratory visit will be necessary. For residentials & visits abroad the accommodation will require full inspection.
- c) Additional risk assessments provided by the venue must also be included.

STEP FOUR: Budget

- a) Work out the budget for the visit, including transportation.
- b) Make arrangements for the collection of any monies to go through the office
- c) Organise any appropriate grants.

STEP FIVE: School Diary

- a) Inform SLT of the dates of the visit

STEP SIX: Letter to Parents

- a) Write a permission letter to parents outlining all the details of the proposed visit, including transport, uniform, conduct expectations, provision for free school lunches, permission for photographs, & medical & special needs.
- b) Finalise letter with the administrative team & line manager before sending it out.
- c) Keep all reply slips
- d) Summarise consent details for all students
- e) Any monies collected should go to the School Business Manager
- f) Finalise the booking with the venue / organisers

STEP SEVEN: Transportation

- a) Organise transportation, making considerations for safety, meeting & setting down points, and value for money

STEP EIGHT: Programme of Activities

- a) Finalise the programme of activities for each day of the visit.
- b) Include Emergency procedures in the programme.

STEP NINE: Staffing Arrangements

- a) See supervisions ratio guidance to arrange for staff leading the visit
- b) There must always be a minimum of 2 leaders
- c) There should be at least 1 female member of staff where female students are participating & at least 1 male member of staff for male students.
- d) Also include First Aiders
- e) Ensure that all staff employed by the venue and associated with the visit are trained & CRB checked.
- f) Confirm staff support list with the SLT member responsible for cover
- g) Include a member of SLT for residential and visits abroad
- h) Include at least 1 fluent host language speaker for visits abroad

STEP TEN: Student Grouping Lists

- a) Group the participating students ensuring that each one is attached to a named member of staff as team leader.
- b) The grouping ratio should be no less than 1 member of staff for every 12 students. Go through the list with the head of subject and give them a copy.

STEP ELEVEN: Risk Assessment Meetings

- a) Meet with all participating students and staff to go through the risk assessment and emergency procedures
- b) Meet with parents for residential visits and visits abroad
- c) Outline all the hazards and risks involved. The meeting should also cover: Arrival and departure details, group lists and team leaders, transportation arrangements, details of the venue, refreshments, expectations of the general public, meeting points, what to do in the event of an incident or accident, and any specialist equipment or clothing required, as well as all other emergency procedures.
- d) Remind staff to supply cover work for their absence.
- e) This meeting must be recorded & a copy given to the SLT i/c Educational Visits.
- f) For residential, trips abroad, & hazardous activities, the staff and student meeting should **precede** the meeting with parents

STEP TWELVE: Finalising Details

- a) Confirm final details of the date and time of the visit, contact persons and numbers, venue details, participating staff, and student lists, & your emergency procedures
- b) Make sure you have identified the base contact person, at both ends, for the full duration of the visit
- c) Contact details of all participants should be left in the office, student lists should also be on the staff notice board
- d) For trips abroad make sure all visas have been confirmed and all passport numbers listed.
- e) Before departure, ensure that all listed staff have the required documentation (See checklist below)
- f) Check the weather forecast for the visit & make appropriate arrangements for this.

STEP THIRTEEN: Evaluation

- a) During the end of the visit give out copies of the student evaluation form. Before the students go home collect the completed returns.
- b) Complete evaluation form & submit it on the next working day following the visit
- c) Balance the accounts with the School Business Manager

1. Approval form
2. Risk Assessment (specific and ongoing)
3. Venue Risk Assessment (generic)
4. Exploratory visits
5. Budget and costings
6. Parental Consent forms
7. Reply slips
8. Medical considerations
9. Transport arrangements
10. Finalised dates and times
11. Programme of Activities
12. Student checklist
13. Specific Emergency Procedures
14. Staffing list
15. CRB Assurance
16. Staff cover requirements
17. Group lists
18. Record of risk assessment meetings
19. Finalised contact details and special requirements
20. Evaluation form
21. Balanced account summary

SAINT JOHN BOSCO COLLEGE

(1. APPROVAL FORM PART A)

Application for approval (for all educational visits, residential visits, sporting and hazardous pursuits)

Two extra copies of this form must be completed and submitted to the education department at least **eight weeks** before the proposed activity for all residential visits or visits abroad.

1. Date of outward journey ___/___/___ Date of return journey ___/___/___
Mode of travel _____
2. Destination or places to be visited (postal address _____
_____ Country(ies) _____
3. Type of accommodation to be used _____ Has it been used by you before
Yes/No
4. Specific learning objectives of the visit _____

5. Emergency contact number at destination _____
Emergency contact person(s) telephone number(s) at home (out of office hours) – only one required if
just one overnight is involved.
Contact person 1. _____
Contact person 2. _____
6. Group members (excluding staff)
Males _____ age range _____ (including _____ over 18 years)
Females _____ age range _____ (including _____ over 18 years)
- 7a Names of group members with specific disabilities _____

- 7b Have any special arrangements been made? _____
8. Proposed hazardous pursuits (if any) _____

9. Name of tour operator or company used _____
Tel No _____
Type of financial bonding (e.g. ABTA, ATOL, IPT) _____
10. Travel arrangements (e.g. coach, name and tel no of company _____

11. Name of driver if self drive transport is to be used _____

(1. APPROVAL FORM PART B)

12. Is the instructing or leading to be undertaken by centre or company staff? Yes/No
 13. Name(s) of your professionally qualified staff e.g. teacher, youth worker

Name (group leader first)	M/F	Any activity qualification held relevant to the venture e.g. Open Country	Date obtained/updated
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____
_____	---	_____	_____

Please indicate if any staff will not be present throughout the venture

14. Number of support adults (volunteers or other responsible adults)
 Male _____ Female _____
15. Adult/Pupil ratio _____ Teacher/Pupil ratio _____
16. **Names of First Aiders** _____
17. **Name of Insurance Company providing cover** _____
18. **Details of the programme of activities**
 Please give full details of your plans for each day or attach a copy (including itineraries, routes and special safety measures/equipment, campsite grid references...)

Previous experience of this venture

Have you pre-visited the site(s)? Yes/No

Has a written risk assessment been completed Yes/No

(1. APPROVAL FORM PART C)

Recommendations for approval

This approval confirms that we consider the event to have ‘significant educational value’ and that the arrangements are in accordance with the appropriate Council regulations. We confirm that the party leader and other appropriate staff have read the relevant sections of Outdoor Education Regulations and Guidance and the safety regulations for the appropriate activities as defined in Safety and Hazardous Pursuits: Regulations and Guidance.

Trip to _____ Date of Trip _____

School _____

1. Head of establishment

Signature _____ Date _____

2. Governing body representative

Signature _____ Date _____

Approval

3. Approved, subject to any limitations specified below

Outdoor Education Advisor on behalf of the Council Date _____

Limitations

Outdoor Education Adviser

Return to:

Outdoor Education Adviser, Education Department, Town Hall, SW18 2PU

Note: Please ensure that you have the two approval signatures required at 1 and 2.

Countersignatories	Names	Dates
Organiser: _____	_____	_____
Head: _____	_____	_____
SLT Visits _____	_____	_____
School Business Manager: _____ _____	_____	_____

(2. RISK ASSESSMENT PART A)

**SAINT JOHN BOSCO COLLEGE
RISK ASSESSMENT AND RISK MANAGEMENT RECORD**

Visit to: _____ Date: _____ Purpose: _____

Leader: _____ Other Staff: _____ Group Size: _____ Ratio: _____

Identifying the hazards	Likelihood of risk	Severity	Risk Factor	Control measures to reduce the risk	Outcome
Site and its environment					
Group					
Activity					
Transport					
Variations					

(2. RISK ASSESSMENT PART B)

Generic/mandatory risk assessment, used and acknowledged

Council – risk assessments/guidance used

Establishment – risk assessments/guidance used

Alternative plans (Plan “B”/Plan “C”)

First Aiders for entire visit

Emergency contacts – take the emergency action card with you! Group details – ensure you have full details close to hand.

Ongoing risk assessment	Examples	
1 Apply the control measures	• monitor the weather	• monitor group and leaders response and motivation
2 Monitor how effective they are	• monitor water/river levels	• monitor behaviour
3 Change, adapt, revise as required	• monitor traffic on road	• assess group risk awareness in different environments
	• monitor conditions underfoot	• monitor the response of your supporting adults

Completed:

Date: _____

Signed:

Group leader: _____ Head of Establishment: _____

(2.RISK ASSESSMENT EXPLAINED)

Risk assessment and risk management

The process explained

Identifying the hazards – assessing the risk		Control measures – reducing the risk	
Hazard List significant hazards to do with: 1 the site and its environment 2 the group you are taking 3 the leader and activity arrangements 4 transport	Following the process below, using a risk rating to decide how likely they are to occur: High / certain or near-certain/medium/frequently/low/seldom	What control measures are you going to put into place? For example: <ul style="list-style-type: none"> • the use of Council guidance/ approval systems • the use of your existing procedures • your specific/additional measures for this venture • your incident and emergency plans 	Now re-assess the risk to see if the control measures are adequate. A low risk is required to continue with the venture.
1 The site and its environment (usually requires a pre-visit) <ul style="list-style-type: none"> • physical hazards • residential arrangements • group management/movement • access to others 	<i>Stage one: Planning</i> Assess the risks from the issues in column one: <ul style="list-style-type: none"> • how likely are they to happen? • how serious would it be? • Remember, this can be: • physical harm • group behaviour disruptions • poor management systems. 	<i>Site:</i> <i>(see examples)</i>	Low risk category following the implementation of the control measures Note: medium or high risk would need additional control measures or a change of plan
2 The group itself <ul style="list-style-type: none"> • Age • Experience of children and young people • Behaviour expectations • Special needs or requirements • Leader knowledge of the group 	<i>Stage two: Action</i> <ul style="list-style-type: none"> • Read the Council generic guidance • Review your existing policies and procedures are they adequate for this context? • Develop any additional control measures required. • Record new significant control measures in the next column and ensure everyone understands them. 	<i>Group:</i>	
3 The leader and activity arrangements level of qualifications Experience of the venture Induction of support leaders into visit Management procedures Activity organisation or operating procedures		<i>Leaders:</i>	
4 Transport <ul style="list-style-type: none"> • Long journey arrangements or incident alternatives 		<i>Transport:</i>	
Ongoing risk assessment			
1 Apply the control measures	2 Monitor how effective they are	3 Change, adapt, revise as required	4 Plan B

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → ☐ drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
General	All Accidents/ Emergencies	☐ Group leaders will have read and will follow LEA Educational Visits Safety Policy and Guidelines		
General	All Accidents/ Emergencies	<ul style="list-style-type: none"> ☐ All staff will be appropriately trained, experienced and qualified to competently fulfil their leadership roles and responsibilities ☐ All leaders will meet prior to departure to discuss and share risk assessments and implement management plans ☐ All leaders will be made aware of their roles and responsibilities prior to departure ☐ At least one leader will carry a mobile phone (with ready charged battery and call credits if “pay as you go”) N.B. Mobile phones may not work in some areas due to weak signal ☐ Leaders will have immediate access to a copy of Emergency Procedures, including all emergency contact numbers ☐ Leaders will have an appropriate level of first aid training and at least one leader will have a current first aid qualification ☐ A complete first aid kit (and travel sickness equipment) will be checked and taken with group ☐ The first aid kit will be easily accessed by all leaders ☐ Any personal medication will be kept secure and accessible only to leaders ☐ Leaders will have prepared a contingency plan in the event of an accident or breakdown (inc. safety of group, and planned means of onward travel or return home) ☐ Leaders will brief young people regarding hazards and involve them in the risk assessment and management process 		

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → ☐ drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
General	Exposure to adverse effects of weather → cold injury, heat injury, over exposure to sun etc.	<input type="checkbox"/> Staff will consider possible weather conditions, plan appropriate programme, and ensure that young people are aware of clothing and equipment required <input type="checkbox"/> Specialist personal protective clothing and equipment will be made available to group members if appropriate <input type="checkbox"/> Staff will plan and make provision for young people who may not bring suitable kit, including arranging check-up before departure and/or bringing spares <input type="checkbox"/> Staff will obtain daily weather forecast and adjust plans accordingly		
General	Pupil lost or separated from group	<input type="checkbox"/> Group leader will ensure that supervising staff are competent and understand their roles <input type="checkbox"/> Staffing ratios will be in line with LEA policy <input type="checkbox"/> Leaders will use suitable group control measures (e.g. buddy systems, large groups split in small groups each with named leaders, coloured caps etc) <input type="checkbox"/> Staff will discuss itinerary and arrangements with young people <input type="checkbox"/> Young people will be briefed as what to do if separated from group <input type="checkbox"/> Leaders will conduct regular head counts, particularly at arrival/departure points, and when separating and reforming groups		
	Animals, insects, poisonous plants etc	<ul style="list-style-type: none"> • Avoid known high risk situations • Take necessary avoidance action if encountered • Ensure those with known allergies carry medication 		

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → □ drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
	Special needs of specific pupils – medical, behavioural	<ul style="list-style-type: none"> • Obtain information from parents • Take advice from SENCO if appropriate • Make necessary arrangements for individual pupils including individual risk assessment and additional staffing as necessary 		
	Indirect/ remote supervision (includes field work, souvenir shopping, theme parks, historic sites etc)	IF REMOTE SUPERVISION IS PROPOSED: <ul style="list-style-type: none"> • Check location is suitable for this mode of supervision • Ensure pupils sufficiently briefed and competent (any individual pupils for whom indirect supervision not suitable must be directly supervised) • Clear guidelines and emergency procedures set and understood • Pupils remain in pairs or groups (e.g. buddy system - each responsible for named other) • Rendezvous points and times set • Pupils know how to contact staff • Staff understand they are still responsible • Parents informed and consent given 		
	Leaders' own children	<ul style="list-style-type: none"> • If staff or volunteers' families join group, pupil supervision must not be compromised • Staff children are similar age to group and supervised with pupils <u>or</u> separate supervision must be arranged 		
	Return from visits particularly after school hours	<ul style="list-style-type: none"> • Return is pre-planned and parents are informed where to collect pupils from (or it is pre-agreed with parents that older pupils will walk home) • Suitable arrangements are made for any pupils whose parents fail to collect them 		

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → ☐ drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
	Emergencies	<ul style="list-style-type: none"> • The school has an emergency plan for dealing with an incident on a educational visit • Contact details of parents, group leader, school and, if appropriate, head teacher/school contact's after-hours number are held by group leader and school contact • Leader and head/school contact has instructions as to what to do in an emergency 		
Activities in, on or near water		<ul style="list-style-type: none"> ☐ All accompanying staff will be made aware of the particular and higher risks associated with water based activities ☐ Staff will be aware of and plan activities according to the swimming ability and confidence of group members ☐ Activities involving water will be carefully pre-planned, and appropriate risk assessments and control measures put in place, including availability of life saving equipment and trained staff. ☐ 		
General	Misbehaviour → accidents/injuries	<ul style="list-style-type: none"> ☐ Staffing supervision is within LEA recommended ratios and will be sufficient to maintain good behaviour ☐ Young people will be briefed regarding conduct/behaviour required ☐ Advice will be taken from SENCO if concerns over behaviour ☐ Individual risk assessments will be carried out if required ☐ Additional staffing will be arranged to ensure safe supervision if necessary 		
		☐		
Periods of indirect supervision	Pupil separated or lost	<ul style="list-style-type: none"> ☐ For periods of indirect supervision, group members will be assessed as sensible and competent (any individual for whom indirect supervision is not considered suitable will be directly supervised) 		

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → ☐ drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
	Abduction/ Attack by stranger	<input type="checkbox"/> and conduct/behaviour required <input type="checkbox"/> Young people will remain in groups or buddy systems at all times, including visits to toilets <input type="checkbox"/> Young people will be briefed how to contact staff if required <input type="checkbox"/> Young people will be briefed regarding procedure if lost/separated <input type="checkbox"/> Young people will have ID cards with contact details of accommodation, school and leader mobile number <input type="checkbox"/> All leaders and young people will be briefed clearly regarding rendezvous times and places <input type="checkbox"/> Staff will understand that they are still responsible and be fully briefed with respect to supervisory responsibilities		
Special needs	Injury or illness	<input type="checkbox"/> The programme/itinerary will be arranged with due regard to the mobility and special needs of all members of the group <input type="checkbox"/> Young people (and parents in letter) will be reminded to bring personal medication if required <input type="checkbox"/> Young people will have written parental consent and will inform leaders if medication taken or required <input type="checkbox"/> Visit leader will carry information regarding medical conditions and relevant medication carried <input type="checkbox"/> Young people will be briefed to eat/drink sensibly <input type="checkbox"/> Particular care will be given to access and inclusion issues e.g. for wheelchair users <input type="checkbox"/>		

GENERAL LOCATION? EVENT? ACTIVITY? (e.g. Canoeing)	SIGNIFICANT HAZARDS (i.e. how might people foreseeably be harmed?) (e.g. Capsize → <input type="checkbox"/> drowning)	LEA RECOMMENDED CONTROL MEASURES (i.e. what steps are commonly taken to reduce the risk of the hazard?) ➤ Tick those control measures that are applicable and will be implemented. ➤ Put a cross beside those control measures that are not applicable or cannot be implemented. (e.g. All will wear approved buoyancy aids, correct size/fitting, regular checks)	ADDITIONAL CONTROL MEASURES (i.e. add any further standard control measures that your own organisation also applies) (e.g. Leader will carry throwline)	OVERALL RESIDUAL RISK RATING (Low/Med/High) (Take into account both <u>seriousness</u> and <u>likelihood</u> of hazard)
		<input type="checkbox"/> Leaders will brief young people regarding emergency procedures		

IMPORTANT

The final Risk Rating column should be completed by the Overall Visit Leader, and discussed with all other leaders, before giving signed approval. The risk assessment should only be approved once significant hazards have been identified, the control measures that will be implemented are agreed, AND the over all 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 further control measures put in place to reduce risk to “Low”

This Generic Risk Assessment is being used as the basis for a particular visit to:

Date:

It has been accepted and approved by:

Overall Visit Leaders Signature:

Date:

Deputy Visit Leaders staff signature:

Date:

Additional staff/volunteer signature(s)

Date:

This Generic Risk Assessment is being used as the basis for all relevant visits during the year Sept _____ to August _____.

It has been accepted and approved by:

Date:

Head teacher’s signature:

Signature(s) of other staff involved in the leadership of visits:

Date:

(FURTHER RISK ASSESSMENT)

SUPPLEMENTARY RISK ASSESSMENT

(COPY OF SITE RISK ASSESSMENT)

(4. EXPLORATORY VISIT)

SAINT JOHN BOSCO COLLEGE SCHOOL

EXPLORATORY VISIT

VENUE: _____

Date of exploratory visit: _____

Time of exploratory visit: _____

Site and environment hazards identified from risk assessment	Control measures
Additional information	

Countersignatories; _____

Date: _____

(5. BUDGET & COSTINGS)

SAINT JOHN BOSCO COLLEGE

EDUCATIONAL VISIT ACCOUNT STATEMENT

Visit to: _____

Date: _____

INCOME

PROPOSED

ACTUAL

- Parental Contributions
- Necessitous Grants Approved
by the School (x @ £xxx.xx)
- Contribution/subsidy from
School's budget
- Other Income
(donations, grant, school fund)

EXPENDITURE

- Accommodation
- Transport
- Insurance
- Activities
- Other
- NET SURPLUS/DEFECIT

Countersigned: _____

Date: _____

(6. LETTER TO PARENTS - PART A)

**EXAMPLE LETTER INFORMING PARENTS OF VISIT DETAILS
(NON RESIDENTIAL AND NOT ABROAD)**

Date

Dear Parents

The _____ Department is planning a one day visit during school hours to _____ on _____. The journey will be made by _____. The day will begin at _____ and students will return to school at _____.

Students may need to bring a packed lunch although there may be restaurant facilities nearby. Further information will be available nearer the time. If your child has free school meals please indicate this on the reply slip.

It is not compulsory that all students attend the visit but it is hoped that the visit will provide them with a valuable experience and help them with their _____ courses. The school is not permitted to charge for this visit but it cannot take place unless students pay a voluntary contribution towards the cost. The voluntary contribution the school would be asking for is _____. If not enough voluntary contributions are received the visit will not take place as the school is not able to meet the cost without your support.

If any student is unable to provide a voluntary contribution they should talk to _____.

If you would like your child to take part in the visit, please return the slip below and any money to _____ by _____.

Yours sincerely

_____ signature of teacher responsible for visit

_____ name of teacher responsible for visit.

-----Please detach and return -----

I have legal parental responsibility for _____ Form : _____

I agree to my child taking part in the visit to _____ on _____

which has been organised by Saint John Bosco College

1. My child does/does not have free school meals. Yes No
2. I agree to the arrangements made and understand that alterations may be necessary in the light of unforeseen circumstances. Yes No
3. I agree to the code of conduct and the health and safety requirements for this visit. Yes No

(6. LETTER TO PARENTS – PART B)

4. I agree to inform the school of any relevant medical, dietary or other special circumstances affecting my child including any special treatment in the course of the visit. I have listed any special requirements below. Yes No

5. I understand that the school may wish to record photographically. I give my permission in the event that my child is included in any of the photographs Yes No

6. I understand that if I have answered “No” to any of the above my child may not be attending the above visit.

Signed: _____

Date: _____

(6. ADVICE TO STAFF FOR PARENTAL LETTERS - PART A)

A checklist of information to parents

The information below is a full but not exhaustive list; it can be amended according to the nature of the visit or venture:

- dates
- times of departure and return
- method of travel, including name of travel company, if any
- destination with full address and telephone number
- emergency contact arrangements at their establishment **and** at the destination
- contact recommendation for parents during the visit or venture, eg:
 - by contacting an agreed person, who acts as an intermediary
- or
- by contacting the group direct, or children and young people ringing home at specific times.

Note: This may place unrealistic expectations on your group or cause unnecessary worry

- possible contact persons for information and whole group .telephone tree to pass on information
- names of group leader and accompanying staff. Names and status (eg parent) of other adults who will exercise some responsibility during the visit or venture
- the aim and purpose of the visit or venture, the activities planned and the programme to be followed; any hazardous or adventurous activity must be clearly specified
- the nature of the supervision must be made clear. Parents should be aware of the different supervision strategies to be used, where and when, eg .down time.
- cost; how it fits into legal charging policy
- methods of payment, cancellation arrangements, deadlines and financial commitments
- advice on pocket money
- advice on personal equipment (eg mobile phones, personal stereos.)
- advice on insurance, eg baggage, accident and medical cover. Send photocopy of School Journey insurance synopsis to all parents
- medical arrangements and medical forms, as well as arrangements for bringing prescribed drugs or travelling abroad
- clothing/footwear and other items to be taken
- prohibited items should be clearly identified
- code of conduct: details relating to the standard of behaviour expected from the children or young people during the visit or venture, including rules on smoking and alcoholic drinks. Details of what might happen if an incident occurs or trust is lost should be given, eg sending home a young person at the parent's expense
- advance information regarding any medical, passport or special requirements for visits abroad.

Group members aged 18 years or over must have this information in order that they may give/sign consent on their own behalf.

Preparing consent and confidential medical questionnaire forms

Consent

You are writing to the person who has parental responsibility. The term parent/guardian. is obsolete. Correspondence should be addressed *Dear parent* and it is possible to request either *parental consent* or *consent by person with parental responsibility*, whoever seems most appropriate. The latter phrase was intended to cover consent where only one parent has parental responsibility, or where the child or young person is in the care of another responsible adult. Both are acceptable. This should be informed consent, with the details illustrated above made available to them. Group members aged 18 or over should have the same details prior to giving their consent. Sixteen and 17 year-olds who no longer live with their parents, but are not subject to a care order, require the head of establishment or their

(6. ADVICE TO STAFF FOR PARENTAL LETTERS – PART B)

designated nominee to sign. This needs to be an adult who has the best interests of the young person in mind and not someone involved in the venture.

The following information should be included:

I confirm that I have parental responsibility for (name of child or young person). He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated (details of information given). I acknowledge receipt of a copy of the School Journey insurance synopsis. I consent to him/her taking part in the programme detailed in your letter.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed _____ Please print name here _____

Address _____

The *Educational visit information and consent form* shown is headed with typical personal details you may require, eg:

- name of the child or young person
- date of birth, age, tick if aged 18 or over
- male/female
- name of person with parental responsibility/next of kin
- next of kin's name and address during the visit or venture
- contact numbers: home, work and mobile.

Notes

Do not duplicate the medical information.

If permission is requested to take images (see section) then it can go on this form, but there should be a separate request for a signature, for example a parent could give consent for the trip but withhold permission for the images. Add any additional personal details required for the venture, eg skiing, height, weight, shoe size.

Obtaining medical and special needs information

This is an important process and needs to be up to date. Where the establishment's start of term copy is used, it must be current, and beyond three months this may not be true. For significant ventures, such as residential or overseas visits, a separate medical questionnaire is required. This provides the information with which to confirm that all is satisfactory or to raise issues on the inclusion or care of the child or young person. The information presented on the example pro forma illustrates how the personal details, consent, medical and data protection information can be presented together, or they can be extracted and used separately. Heads of establishments must ensure that staff taking groups off site have to hand, and in advance, current information on the management of:

- medical conditions, eg epilepsy, diabetes, asthma, allergies, etc
- special needs, eg learning or behavioural difficulties.

This information should be with the group leader and any other leaders who require it.

Important note: The section on equal opportunities and inclusion strategies in practice discusses the requirement for obtaining detailed information and who to get it from.

If the visit is local and this current information has not been obtained, parents can be contacted to authorise any medical treatment that may be required.

(6. ADVICE TO STAFF FOR PARENTAL LETTERS – PART C)

Obtaining permission to take and use images of people: photographs, videos and web cams

In many off-site activities, schools may wish to use photographs and images to demonstrate the successes of the visit or venture or to record and evaluate what went on for others to see. However, if these photographs are to be used for publication purposes, they will only have a 'shelf life' of 1 year, after which time they should be removed..

The guidance below follows the standards set in the *Draft Code of Practice* published by the Information Commissioner's Office, including the eight principles of the Data Protection Act 1998.

- It is vital to obtain consent before you start taking images.
- This is for circumstances where people are clearly recognisable in the image.
- The consent form does need to be specifically for this purpose; it can be added to the consent form for an educational visit or venture or the medical information but must require a separate signature (as illustrated).
- You need to state the possible range of uses of the image and either group them all together or put them with separate yes/no tick boxes, eg: the schools or groups reports or presentations
 - the projects, departments or Councils publications and presentations
 - the schools, groups or Councils website (this one is important if you hope to use it in this context!).
- If possible, keep the images and consent forms together or cross-referenced.
- Only use peoples names with their consent and when it is significant, eg if they have won a prize or competition.
- Images taken for one purpose should not be used for a different purpose without consent.
- A professional judgement should be made over whether people in the images concerned are appropriately dressed, or the action shown is clearly demonstrating good and not poor or indifferent practice.
- Using a video requires the same procedures to be in place.
- Before using a web cam, the area must be signposted and/or those entering the area must be very aware beforehand that there is a web cam in operation. This signposting can be seen as getting the consent of adults, but children and young people would need parental consent, ie:
 - why the web cam is being used
 - how and where you will use the images
 - who might have access to the images.

An example consent form is included in the *Educational visit or venture information and consent form*.

(7. REPLY SLIPS)

Reply slips

Total number of students attending

8. MEDICAL INFORMATION – PERSONAL DETAILS - PART A)

Educational visit information and consent form

Personal details

First name of participant Surname
Date of birth Age Tick if aged 18 or over male / female
Address
..... Post code
Name of next of kin
Next of kin address during the activity (if different from above)
..... Post code
Contact no: Home Work Mobile
Name and address of participant’s doctor
Telephone no NHS no (if known)

Consent for the visit or venture

The visit or venture toDate of visit
I confirm that I have parental responsibility for
He/she is in good health and I consider him/her to be capable of taking part in the
activities set out
in your letter dated I acknowledge receipt of a copy
of the insurance synopsis. I consent to him/her taking part in the programme detailed
in your letter.

In the event of illness or accident, I consent to any necessary medical treatment,
which might include the use of anaesthetics.

Signed.....
Please print name here
Address
..... Post code

Any additional information required

(8. MEDICAL INFORMATION - PERSONAL DETAILS – PART B)

Educational visit information and medical form

Has the participant had any of the following?

- Asthma or bronchitis Yes No Allergies to any known medication Yes No
- Heart condition Yes No Any other allergies, e.g. material, food, plasters Yes No
- Fits, fainting or blackouts Yes No Other illness or disability Yes No
- Severe headaches Yes No Travel sickness Yes No
- Diabetes Yes No Regular medication Yes No

If the answer to any of these questions is Yes, please give details:
.....

If it is considered necessary, do you agree to mild painkillers (e.g. Paracetamol) being administered?
Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No
Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital?

Yes
No

Has the participant been given specific medical advice to follow in emergencies?
Yes
No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

.....
.....

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed: (for participants under 18 years of age)
Person with parental responsibility

Please print name here:

Signed: (for participants aged 18 years or over)
Participant

Date:

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity. In the event of any images of my child/me being taken, I consent to them being used for educational purposes

Yes
No

I understand that if my child is/I am easily identifiable (e.g. a close facial shot) I will be informed first.

I consent to the images being used on the website Yes No
Signed: (for participants under 18 years of age)

Person with parental responsibility

Signed: (for participants aged 18 years or over)
Participant

Date:

**(8. MEDICAL INFORMATION & OTHER CONSIDERATIONS)
CONSIDERATION AND CONSENT SUMMARY**

Names	Medical Considerations	Dietary Considerations	SEN	Photographic Consent	Other Considerations

Countersignatory: _____

(9. TRANSPORT ARRANGEMENTS)
SAINT JOHN BOSCO COLLEGE
TRANSPORT ARRANGEMENTS

Visit to: _____ Date: _____
 Organiser: _____

(Include starting point, all forms of transport and return/parental pick up point)

Journey	Date	Detail	Cost

Countersignatory: _____ Date: _____

School Party Travel scheme scope – effective 1 September 2006

1. Number of trips per school

Generally no more than two trips per child per term.

2. Modes of transport available

- London Underground (Tube)
- Buses
- Docklands Light Railway (DLR)
- Trams
- National Rail (within Greater London only – except Amersham to Moor Park inclusive)

3. Hours of operation

Monday to Friday during term times*

- Buses and trams - 0930 to 1630
- Tube, National Rail - 0950 to 1630 where journey starts in Zones 1 & 2 and DLR - 0930 to 1630 where journey starts in Zones 3 - 6D

No exceptions to these time limits can be made.

* Summer schools accepted – see Definition of school overleaf.

4. Group size

Tube, National Rail and DLR only journey

Maximum child group size per ticket is **20 (plus minimum 2, maximum 4 adults)**.

Only 1 adult is required if the child group size is 10 children or less.

Journey involving use of bus/tram services

Maximum child group size per ticket is **10 (plus minimum 1, maximum 2 adults)**.

(Example: for a party of 30 children plus 6 adults, where travel by bus is required, 3 tickets will be issued so that the party does not have to travel on the same vehicle. The tickets may, depending on the journey and bus route(s) being used, show different start/return times).

5. Age limits

Children: age 5 – 18 inclusive **Teachers/parents:** age 18 plus

**(9. TRANSPORT ARRANGEMENTS/CAR INSURANCE)
SAINT JOHN BOSCO COLLEGE**

**CAR INSURANCE CONFIRMATION FOR SAINT JOHN BOSCO COLLEGE
EMPLOYEES**

To the Headteacher

I confirm that I do have a motor vehicle insurance policy for the vehicle which I intend to carry children and young people, and that it has a certificate of roadworthiness.

Name of insurance company: _____

Policy number: _____

I understand that I am not indemnified by the Council in the use of my vehicle.

I have checked with my insurance company and confirm that the activity is covered by them and that this includes the carrying of passengers related to my paid employment*

Signed: _____

Date: _____

Address: _____

Note: The reference to paid employment can be removed for volunteers.

(10. FINALISED DATES AND TIMES)

SAINT JOHN BOSCO COLLEGE

FINALISED DATES AND TIMES

Destination: _____

Date of outward journey: _____

Start time of outward journey: _____

Place of departure: _____

Duration of visit: _____

Date of return journey: _____

Time of return journey: _____

Place of return journey and parental pickup point:

Countersignatory: _____

**(11. PROGRAMME OF ACTIVITIES)
SAINT JOHN BOSCO COLLEGE**

PROGRAMME OF VISIT ACTIVITIES

Date and time	Activities

Countersignatory: _____
OUTDOOR LEARNING

Date: _____

**(12. STUDENT CHECKLIST FOR HAZARDOUS TRIPS AND TRIPS ABROAD)
SAINT JOHN BOSCO COLLEGE**

STUDENT EQUIPMENT AND CHECKLIST

For the visit to: _____ on _____

Parents are responsible for providing the following equipment:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	

**(13. EMERGENCY PROCEDURES FOR LEADERS)
SAINT JOHN BOSCO COLLEGE**

Emergency Procedures

Action to be taken by the group leader in the event of a serious accident/incident

A serious accident or incident is defined as:
an accident leading to a fatality, serious or multiple fractures, amputation or other serious injury
or
circumstances in which a group member might be at serious risk or have a serious illness
or
any situation in which the press or media are or might be involved.

Action

- 1 Assess the situation.
- 2 Protect the group from further injury or danger.
- 3 Render first aid or other service as appropriate.
- 4 Call rescue services (999) and/or police as appropriate.

State the nature of the emergency.

Give your name, address/location and telephone number, followed by:

the location of the incident

the nature of the incident

the names of the individuals involved

the condition of those involved and where they are located.

- 5 Phone your base contact person (as soon as possible) and:

give clear information about the situation

your location

your actions to date

your telephone number

request him/her to alert the Education Officer.

- 6 If it is not possible to reach your base contact person, telephone the Education Departments emergency number as follows:

7 Office hours: **020 8871 8076**

Mobile: **07949 839533**

Other times: **020 8874 3200**

The operator will take the details and then contact the Education Officer who will then be responsible for all future liaison with the group.

- 8 It is probable that both the leaders and young people will be in a state of shock, therefore: remove remainder of the group to some secure accommodation and place under the care of a member of staff able to protect them from the attention of the press/media

if necessary, request the police to assist

calm and comfort the young people and arrange for their evacuation.

- 9 Do not make any statements to the press/media or allow anyone else to make statements other than expressions of sympathy.

- 10 Do not allow group members to telephone home until contact has been made with the Education Department.

- 11 Retain all equipment involved in an unaltered condition.

- 12 Do not allow anyone to see any group member without an independent witness being present. (No-one, unless they are in a relevant official capacity, has the right to see anyone who does not wish to see them.)

Refer all press/media enquiries to the Council's Press Office: **020 8871 7524** or **020 8871 6173** during office hours or Mobile: **07860 481368** or **07879 486212**

My base contact person for this activity is:

Name: _____ Telephone: _____

Please read these procedures and fully understand the process.

Countersigned: _____

**(13. EMERGENCY PROCEDURES FOR THE OFFICE/CONTACT PERSON – PART A)
SAINT JOHN BOSCO COLLEGE**

Emergency Procedures

Action to be taken by the base contact person in the event of a serious accident/incident

A serious accident or incident is defined as:
an accident leading to a fatality, serious or multiple fractures, amputation or other serious injury
or
circumstances in which a group member might be at serious risk or have a serious illness
or
any situation in which the press or media are or might be involved.

Introduction

The following suggestions are intended as a guide to enable staff at times of stress to follow a course of action covering the main basic priorities. Obviously no such list will ever be finite and there will be other necessary actions depending on the situation. However, it is important that the relevant information is quickly and easily available whenever groups are off-site and whatever time of the day or night.

- a. The leaders in charge of any venture **must** have lists of names, telephone numbers and addresses of next of kin of all members of the group and always carry phone cards and coins for the phone. It may be possible to reverse charges but this unsatisfactory and time consuming.
- b. Similar lists to those above, along with any relevant consent forms, **must** be readily available at the home establishment. These must include any last minute amendments.
- c. Out of hours a contact person must be nominated to act as the communication link with the group. Youth groups must ensure that there is a contact person throughout the venture. There must be two persons if the overnight stay is for more than one night. Persons so nominated should have a copy of the lists referred to above together with the emergency telephone number for the Education Officer of his representative.

Telephone the Education Department's emergency number as follows:

Office hours: **020 8871 8076**

Mobile: **07949 839533**

Other times: **020 8874 3200**

The operator will take the details of:

- name of the person making the call
- telephone number of the person making the call
- the name of the group involved
- the nature of the emergency.

The operator will then contact the duty Education Officer, who will be responsible for all future liaison with the group, with your help.

1 Record the telephone number of the group leader and the group. Listen carefully and write down:
what happened
to whom
where
when
what has happened since the incident.

2 If the contact person is not the head of your establishment, inform them or a senior member of staff of the relevant details as soon as possible.

4 Not only must the parents of any injured young person be notified as a priority, but arrangements should be made for all parents to be contacted regarding the safety of their particular child(ren).

5 If necessary, assistance should be given to transport parents to their injured child if he/she is hospitalised.

6 If necessary, an incident centre should be established as soon as possible. Each school/youth area should have a planned location for this eventuality.

(13. EMERGENCY PROCEDURES FOR THE OFFICE/CONTACT PERSON – PART B)

7 Refer all press/media enquiries to the Council’s Press Office: **020 8871 7524** or **020 8871 6173**

Mobile: **07860 481368** or **07879 486212** - beware of wily attempts to extract information from you.

All base contacts must have by their telephone:

lists of all group members (including adults) together with the addresses and telephone numbers of their next-of-kin

complete details of the itinerary

telephone numbers of senior staff from the establishments concerned.

**(13. EMERGENCY PROCEDURES CHECKLIST)
CHECKLIST 1**

**Serious Incident or emergency
School or group action**

Serious incident or emergency occurs

|

Members of the group made secure

Emergency services called

|

Group leader seeks support

|

From their educational establishment – via the base contact
- direct to senior staff

|

Activate and Liaise as required _____

Is LA support required/have they been informed?

|

Senior staff activated if the incident requires it. Can the issue be dealt with at this level?

|

24 hour contact

School/group Incident Location Team assemblies:

Caretaker Numbers and Agreements required

- at normal base (well known etc. but accessible)
- at an agreed alternative base (more private/secure)?

|

Open base/school

|

Emergency operating procedures put into place

- Prime function - support of the group and leaders
- support of the school/groups community, in particular parents.

(14. STAFFING LIST RATIOS – PART A)

Supervision ratios and qualifications guidance

Activity	Qualifications/staffing	Maximum ratios	Notes
Local visits . in the local area, close to support at the base	<ul style="list-style-type: none"> · an experienced group leader (recommended) · other qualified leader(s) (numbers as required) · other responsible adult(s) in support · a minimum of two leaders required, unless exceptional circumstances are agreed 	8-under 18 1 per activity or supervision group (maximum 1:12)	<p>A minimum of one qualified leader is needed for every group or class. They can then be supported by other qualified leaders or responsible adults.</p> <p>Minimum ratios are not recommended ratios. Small working groups of 6-12 remain the target.</p>
Day visits . more than 60 miles or one hour from base	<ul style="list-style-type: none"> · an experienced group leader (recommended) · other qualified leader(s) (numbers as required) · other responsible adult(s) in support · a minimum of two leaders required 	8-under 18 1 per activity or supervision group (maximum 1:12)	Leaders should reflect the gender of the group.
Residential visit, UK or abroad	<ul style="list-style-type: none"> · an experienced group leader (recommended) · other qualified leader(s) (numbers as required) · other responsible adult(s) in support · a minimum of two leaders required · large or complex visits must have an experienced leader 	8-under 18 1 per activity or supervision group (maximum 1:12) These ratios <i>do not</i> include the centre/ residential base staff	<p>As above, however it is recommended that the ratio of qualified leader to responsible adult support is low, at 1:1 or 1:2.</p> <p>Where the visit is part host family, part residential, the residential conditions should apply.</p>
Host families	As above; however if wholly residing with families, a minimum of two	As above, but if wholly residing with families the 1:10 ratio could be reduced to 1:15	Leaders should reflect the gender of the group.

Note

Group leader

- the person who has overall charge of the venture

Qualified leader

- a teacher, nationally qualified youth worker or lecturer (also some NVQ Level 3 qualified personnel)

Volunteer and other responsible

- any other adult, known to the establishment, who is deemed by the head of establishment to be

adult(s) responsible enough to support the venture

(14. STAFFING LIST RATIOS – PART B)

Activity	Qualifications/staffing	Maximum ratios	Notes
<p>Open Country</p> <ul style="list-style-type: none"> · working by water · away from a road or building 	<ul style="list-style-type: none"> · experienced activity leader, Open Country qualified · qualified leaders, Open Country qualified · other qualified leaders · volunteer(s) and other responsible adult(s) 	<p>8-under 18 1 per activity or supervision group (maximum 1:12)</p>	<p>Overall group sizes above 20 are not recommended at any one location at the same time (supervision and sustainability issues). Similarly large groups should not be moving together or in convoy. The number of qualified Open Country leaders will depend on the risk assessment. By water, each group must have someone Open Country/throw bag trained and competent</p>
<p>Specific activities</p>	<p>Qualifications and ratios are set out in the sister document <i>Safety in Hazardous Pursuits: Regulations and Guidance</i>.</p>		

Important note: Similar ratios are recommended for the over-18s where the activity is led by the educational establishment.

(14. STAFFING LIST)

**SAINT JOHN BOSCO COLLEGE
ACCOMPANYING STAFF LIST**

1. Group Leader: _____

2. Qualified Leaders: _____

3. Volunteers and other responsible adults:

4. SLT member
(for residential
or visits abroad)

(15. CRB CHECKS)

SAINT JOHN BOSCO COLLEGE

CRB ASSURANCE

I have received assurance from the other organisations involved that staff employed by them have been CRB checked.

This assurance was received on _____ (date)

Given by this named person _____

Countersigned: _____

(16. STAFF COVER)

SAINT JOHN BOSCO COLLEGE

COVER PROCEDURES

	STAFF MEMBER	TOTAL PERIODS OF COVER REQUIRED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Overall periods of cover required.

Countersigned: _____

(17. STUDENT GROUP LISTS)

**SAINT JOHN BOSCO COLLEGE
STUDENT GROUP LISTS**

Group 1 Leader: _____	Group 2 Leader: _____	Group 3 Leader: _____
Group 4 Leader: _____	Group 5 Leader: _____	Group 6 Leader: _____
Group 7 Leader: _____	Group 8 Leader: _____	Group 9 Leader: _____
Group 10 Leader: _____	Group 11 Leader: _____	Group 12 Leader: _____

- marks any student requiring special attention
- See ratios guidance for maximum group numbers

(18. RISK ASSESSMENT MEETING – STAFF AND STUDENTS)
SAINT JOHN BOSCO COLLEGE

RISK ASSESSMENT MEETING

Copy of risk assessment signed by all students and staff attending.

Record of parents risk assessment confirmation meeting.

Countersignatory: _____

(19. FINALISED CONTACT DETAILS)

SAINT JOHN BOSCO COLLEGE

**FINALISED CONTACT DETAILS AND REQUIREMENTS
OF ALL PARTICIPANTS**

Student's Name	Contact details	Passport/visa details	Medical details

(20. EVALUATION LEADER)

SAINT JOHN BOSCO COLLEGE

EVALUATION BY GROUP LEADER

To be completed for future reference

To be completed after all ventures and logged in the schools central records.

Visit to:	
Group Leader:	
Date(s) of Visit:	
Learning objectives as noted in original approval form.	
Any other commercial organisations involved:	

Number in group	Boys		Girls		Supervisors	
------------------------	-------------	--	--------------	--	--------------------	--

Please comment on the following features:

Evaluation Area		Rating out of 10	Comment
1.	Learning objectives met		
2.	Travel arrangements		
3.	Content of any education provided		
4.	Suitability of venue		
5.	Suitability of accommodation (if applicable)		
6.	Food (if applicable)		
7.	Evening activities (if applicable)		
8.	Effectiveness of contact person		
9.	Other comments and evaluation		
10	Unique risks or hazards discovered on this visit		

Countersignatory: _____ Date: _____

(20. EVALUATION : STUDENTS)

SAINT JOHN BOSCO COLLEGE

EVALUATION BY STUDENT

To be completed for future reference




To be completed after all ventures and logged in the schools central records.

Visit to:	
Date(s) of Visit:	
Gender:	Male/Female
Year Group:	

Number in group	Boys		Girls		Supervisors	
------------------------	-------------	--	--------------	--	--------------------	--

Please comment on the following features and give rating out of 10 (1 being poor to 10 being excellent):

Please tick

Evaluation Area		Rating out of 10			
1.	I enjoyed the visit				
2.	Travel arrangements				
3.	Content of education programme provided				
4.	I can describe 3 things I learnt 1. 2. 3.				
5.	Accommodation				
6.	Food				
7.	Evening activities				
8.	Staff supervising				
9.	I would recommend to a friend who has not been before				
10	Other comments				

Signed: _____ **Date:** _____

21. ACCOUNTS

SAINT JOHN BOSCO COLLEGE

SCHOOL JOURNEY ACCOUNT & END OF VISIT STATEMENT

Visit to: _____ on: _____

Organised by: _____

INCOME	PROPOSED	ACTUAL
--------	----------	--------

Parental Contributions

Necessitous Grants Approved
by the School (x @ £xxx.xx)

Contribution/subsidy from
School's budget

Other Income
(donations, grant, school fund)

EXPENDITURE

Accommodation

Transport

Insurance

Activities

Other

NET SURPLUS/DEFICIT

Statement prepared by: _____ Date: _____

I have examined the above statement and the supporting records and I can certify that the statement is correct.

Signed: _____

Presented to Governors: _____

Action on surplus/deficit: _____