



EDUCATIONAL VISITS (EV) TRIP PACK

TRIP DESTINATION:

DATE:

TRIP LEADER:

YEAR GROUP(S)

Please complete electronically, deleting unrequired sheets, retaining page formatting and supplement with other relevant documents as per guidance.

Before the Educational Visit

STAGE 1:

One hard copy of **FORM 1** via the relevant Deputy Headteacher, **normally** at least **TWO MONTHS** in advance of the trip for DAY TRIPS and **12 MONTHS** in advance for RESIDENTIAL TRIPS

STAGE 2:

Form(s)	Day Trips	Residential Trips
THE PACK MUST CONTAIN EACH DOCUMENT LISTED IN THE RELEVANT COLUMN		
Activity Form	FORM 2A	FORM 2B
Pupil Emergency Information Form	FORM 3A updated on the system but not printed out	FORM 3B
Letters to Parents	FORM 3C or FORM 3D	FORM 3E
Risk Assessment	FORM 4A, FORM 4C, FORM 4D	FORM 4A, FORM 4B, FORM 4C, FORM 4D
Staff Details	Not required	FORM 3F
SIMs Lists of information on checklist	Photos, medical and SEN summary	Photos, medical and SEN summary and contact details
Checklist	FORM 5A	FORM 5B

Submit **ONE** printed copy of the STAGE 2 trip pack for checking and signing off at least **TWO WEEKS** in advance for DAY TRIPS and **a MONTH** in advance for RESIDENTIAL TRIPS then once returned make copies for emergency contacts and/or the relevant Deputy Headteacher.

After the Educational Visit

STAGE 3:

1. Evaluation: one hard copy of **FORM 6** via the relevant Deputy Headteacher
2. Final accounts signed off by finance via the relevant Deputy Headteacher
3. FORM 5A or %B updated upon receipt of STAGE 3 documents

The relevant Deputy Headteacher will pass all three stages of the pack to the Finance Assistant for filing. It will be archived by the Finance Assistant along with all consent forms at the end of the academic year.

FORM 1

DETAILS OF A PROPOSED SCHOOL VISIT



PLEASE COMPLETE AND PASS TO FINANCE THEN TO THE DEPUTY HEAD AND FINALLY TO THE HEADMASTER BEFORE THE VISIT IS ADVERTISED

Proposed Visit to:		Date(s) of Visit:	
Teacher in Charge of Visit (Group Leader):			
Number of Pupils:	Year Group(s)	Number(s) and name(s) of Staff additional to Trip Leader:	Number and Names of Other Adults:
Planned Activities:			
Key objectives and relevance to curriculum/skills development:			
Costs per pupil:		Mode of transport:	

Financial Arrangements as accurately as possible at this stage

Use the Excel Finance Forms to plan and provide a summary here

Expenditure		Income	
Booked Transport		No. of pupils X cost per head	
Use of School minibus: Estimated mileage x rate per mile (Finance Office can advise rate to use)		Other Income	
Admissions fees			
Activities			
Insurance (£1.50 per pupil per day)			
Accommodation and included food			
Contingency			
Reprographics (B & W 0.85p COL 8.5p per sheet)			
Additional Costs			
Total Expenditure		Total Income	

Budget approved by Finance with any comments (signature 1):

Date:

Date and involved staff agreed by Deputy Head, with any comments (signature 2):

Date:

Authorised in principle by Headmaster, with any comments (signature 3):

Date:

THE ORIGINAL SIGNED FORM SHOULD BE RETURNED TO THE TRIP LEADER & PLACED INTO THE FULL TRIP PACK WHICH STAYS TOGETHER. COPIES ARE TAKEN FOR THE DHT AND FINANCE ASSISTANT.

FORM 2A



PRIORY SCHOOL OFF-SITE ACTIVITY FORM (DAY TRIPS)

Group Leader:	Contact phone Number(s)
Outbound date and Time:	Return date and Time:
Destination/Itinerary/purpose (copy of letters or information issued to parents/pupils to be included):	

Number of Pupils	Male	Female	Teacher-pupil ratio

Age Range

List of pupils enclosed with emergency contacts from SIMs crossed referenced with form 3A <u>for trips fully or partly out of school hours.</u>	YES		NO	
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Name of teacher/Adult	Role on trip	First Aid qualified?	Approved minibus driver?	Other relevant qualifications and experience

TRANSPORT	
Mode of Transport	Name of Contractor, if appropriate

TRAVEL FIRM SELECTION FORM COMPLETED AND ATTACHED	YES	NO
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RISK ASSESSMENTS		
Have all required risk assessments been made, recorded checked and communicated for this off-site visit?	YES	NO
Has a copy of the risk assessment been checked and signed by the Facilities Manager?	YES	NO
Has the Group Leader made a preliminary visit to the proposed venue in the last 6 months	YES	NO
If not, what other reasonable efforts have been made to source information about the venue?		

Details of First Aid Provision	
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Emergency Contacts

For visits within school hours it is assumed that the school will be the emergency contact. If there is a possibility that the visit may overrun the school day, Emergency Contact must be arranged.

Name		Name	
Telephone (day)		Telephone (day)	
Telephone (evening)		Telephone (evening)	
Mobile		Mobile	

Emergency contacts must be available with paperwork at the stated times and conversant with the Educational Visits Policy and emergency procedures.

Approval

Visit authorised by the Deputy Head, with any comments (signature 1): Date:	Visit authorised by the Headmaster, (signature 2): Date:
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FORM 2B

PRIORY SCHOOL OFF-SITE ACTIVITY FORM (RESIDENTIAL TRIPS)



Group Leader:	Contact phone Number(s)
Outbound date and Time:	Return date and Time:
Destination/Itinerary/purpose (copy of letters or information issued to parents/pupils to be included):	

Number of Pupils	Male	Female	Teacher-pupil ratio

Age Range

List of pupils enclosed with emergency contacts from SIMs crossed referenced with Form 3B.	YES		NO	
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Name of teacher/Adult	Role on trip	First Aid qualified?	Approved minibus driver?	Other relevant qualifications and experience

TRANSPORT	
Mode of Transport	Name of Contractor, if appropriate

RISK ASSESSMENTS		
Have all required risk assessments been made, recorded checked and communicated for this off-site visit?	YES	NO
Has a copy of the risk assessment been checked and signed by the Facilities Manager?	YES	NO
Has the Group Leader made a preliminary visit to the proposed venue in the last 6 months	YES	NO
If not, what other reasonable efforts have been made to source information about the venue?		

Details of First Aid Provision	
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TRAVEL INFORMATION FOR OVERNIGHT/VISITS ABROAD		
	Departure	Return
Date		
Time		
Port/Airport		
Ferry/Airline Company		
Booking No. /Flight No.		

TRAVEL FIRM SELECTION FORM COMPLETED AND ATTACHED	YES	NO
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ACCOMMODATION FORM COMPLETED AND ATTACHED	YES	NO
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Is relevant insurance in place?		Has it been checked?		Copy attached?	
YES	NO	YES	NO	YES	NO

PAPERWORK			
Has a new Pupil Information form (3B) been fully completed, signed & returned by all parents?	YES		NO
Are passports checked & up to date?	YES	NO	N/A
Has information been supplied to parents?	YES		NO

Emergency Contacts

For residential visits at least two emergency contacts must be arranged.

Name		Name	
Telephone (day)		Telephone (day)	
Telephone (evening)		Telephone (evening)	
Mobile		Mobile	

Emergency contacts must be available with paperwork at the stated times and conversant with the Educational Visits Policy and emergency procedures

Approval

Visit authorised by the Facilities Manager (signature 1) Date:	Visit authorised by relevant Deputy Head (signature 2) Date:
Visit authorised by Headmaster (signature 3) Date:	



FORM 3A

PRIORY SCHOOL PUPIL INFORMATION FORM FOR NON-RESIDENTIAL TRIPS

Academic Year: 2014-15

This form is completed annually (September) to cover all **non-residential trips** including sports fixtures, curriculum and recreational trips, both locally and at a distance. Forms must be printed, signed and returned by hand to form tutors (Year 7 and up) or class teacher (year 6 and below) **OR** returned digitally signed on c.paintin@prioryschool.net **before the end of September, or earlier if required.**

Please ensure that there are no blanks and add an * to indicate any new information so that it can be added to your child's record.

Name of Pupil:	Date of Birth:
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Address:

Home telephone number:	Other 24 hr EMERGENCY contact numbers for whole duration of trips:
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Doctor's name:	Address:	Telephone number:
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Has the pupil ever had any of the following: (If yes please give details)

	Yes	No		Yes	No
Asthma			Fits/blackouts		
Heart condition			Fainting		
Diabetes			Severe headaches		
			Migraine		

Tetanus Vaccination

Date of injection:	Date of booster:
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Has the pupil any known allergies e.g. aspirin/antibiotics or any particular food or drug:

--

Please state if the pupil is receiving medical/surgical treatment from a GP or local hospital, stating any emergency procedures that must be followed:

--

**Is the pupil currently taking medication prescribed by a GP or hospital specialist?
If so please provide details:**

--

Does the pupil have any physical reason why they may not take part in any of the activities proposed?

--

**Is your child confident in the water? If so, how far can he or she swim?
Please tick the appropriate box.**

Cannot swim	<input type="checkbox"/>
Still at the beginner stage	<input type="checkbox"/>
Able to swim 25 metres	<input type="checkbox"/>
Able to swim longer distances (greater than 25 m) with	<input type="checkbox"/>

Does the pupil have special dietary requirements? (Vegetarian, Diabetic etc)

--

Please provide any other information about your child that you feel may be useful in the box below:

--

I understand that this form relates to all non- residential school trips this year and agree to keep the school up to date about changes to contact details during the year.

I agree that he/she will abide by the rules of the school.

Safety on school trips is of paramount importance. In the event that, in the judgement of the Group Leader, your child's behaviour is such that the safety of any member of the group, including their own, or the safety of the general public, or the good reputation of the school is threatened, the Group Leader may remove your child from an activity, or send him/her home from the trip. In situations such as this, the Group Leader's decision is final. Please note that included in examples of behaviour likely to threaten safety is a refusal to follow instructions. Whilst we are confident that pupils' behaviour will be good, it is important for parents to note that, where a child is to be sent home and a parent is unable to collect their child within a time frame set by the group leader, the school will arrange for the child to be collected. This is likely to involve two adults being sent to collect the child and all costs associated with this will be charged to parents. Your signature below indicates that you accept all the points made above.

I agree that urgent medical treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed _____ Parent/Guardian Date: _____



FORM 3B

PRIORY SCHOOL PUPIL INFORMATION FORM FOR RESIDENTIAL TRIPS

A separate form must be completed for all residential trips- and will be issued by the trip leader

Name of School trip:

Name of Pupil:	Date of Birth:
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Address:

Home telephone number:	Other 24 hr EMERGENCY contact numbers for whole duration of trip:
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Doctor's name:	Address:	Telephone number:
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Has the pupil ever had any of the following: (If yes please give details)

	Yes	No		Yes	No
Asthma			Fits/blackouts		
Heart condition			Fainting		
Diabetes			Severe headaches		
			Migraine		

Tetanus Vaccination

Date of injection:	Date of booster:
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Has the pupil any known allergies e.g. aspirin/antibiotics or any particular food or drug:

--

Please state if the pupil is receiving medical/surgical treatment from a GP or local hospital, stating any emergency procedures that must be followed:

--

**Is the pupil currently taking medication prescribed by a GP or hospital specialist?
If so please provide details:**

--

Does the pupil have any physical reason why they may not take part in any of the activities proposed?

--

**Is your child confident in the water? If so, how far can he or she swim?
Please tick the appropriate box.**

Cannot swim	<input type="checkbox"/>
Still at the beginner stage	<input type="checkbox"/>
Able to swim 25 metres	<input type="checkbox"/>
Able to swim longer distances (greater than 25 m) with	<input type="checkbox"/>

Does the pupil have special dietary requirements? (Vegetarian, Diabetic etc)

--

Please provide any other information about your child that you feel may be useful in the box below:

--

I understand that this form relates to this specific school trip and agree that he/she will abide by the rules of the school.

Safety on school trips is of paramount importance. In the event that, in the judgement of the Group Leader, your child's behaviour is such that the safety of any member of the group, including their own, or the safety of the general public, or the good reputation of the school is threatened, the Group Leader may remove your child from an activity, or send him/her home from the trip. In situations such as this, the Group Leader's decision is final. Please note that included in examples of behaviour likely to threaten safety is a refusal to follow instructions. Whilst we are confident that pupils' behaviour will be good, it is important for parents to note that, where a child is to be sent home and a parent is unable to collect their child within a time frame set by the group leader, the school will arrange for the child to be collected. This is likely to involve two adults being sent to collect the child and all costs associated with this will be charged to parents. Your signature below indicates that you accept all the points made above.

I agree that urgent medical treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed _____ Parent/Guardian Date: _____



EXEMPLAR LETTER FORMAT FOR A SPORTS FIXTURE

Dear Parent/ Guardian,

Please find included with this letter the football fixture list for this term. This is an exciting time for the boys as they are playing some of the best Independent Schools in the country, which shows the great progress and hard work of the boys in the last 2 years.

Please pay special attention to the kick-off times of the games, as some fixtures will require an early leave from school premises. I have tried to make the majority of these on a Wednesday afternoon to make use of the extended enrichment time and therefore minimise lessons missed. I pay close attention to all the players and keep in regular contact with their teachers to see if they are keeping up to date with homework and class work.

Three fixtures that need more details are:

- Wednesday 22nd September – U16 ISA Competition: Pupils will miss the entire day of school
- Monday 27th September – U13 National Cup Game in Cambridge: Pupils will leave school at around 11am.
- Thursday 30th September – U14 ISA Competition: Pupils will miss the entire day of school

All away fixtures will return between the times of 5.30pm and 6pm depending on the traffic, if we are early or late I shall make sure you are contacted with the correct arrival time.

The Year 7 season has not been fully organised due to state schools not organising their fixtures till late September. But the majority of the Year 7 fixtures will be after Christmas as some of the boys will also be playing for the Year 8 team, whose fixtures are before Christmas.

If you have any questions, please have no hesitation in contacting me,

Yours Faithfully,

Mr A Spencer
Head of Physical Education.

I give permission for my son to participate in these fixtures (if all please state all)

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.....

.....

.....

.....

Signed _____ **Parent/Guardian Date:** _____



3D

STANDARD LETTER FORMAT FOR A NON RESIDENTIAL SCHOOL TRIP

Dear Parent/Guardian,

Pupils from year..... are participating in a visit to **ESTABLISHMENT** on **DATE**. This trip is a great opportunity for your child and the purpose is to support learning in **ASPECT(s) OF SUBJECT**. During the visit we will be **LIST ACTIVITIES**.

The cost of the trip will be **INSERT COST**, which includes **INSERT ITEMS**. Pocket money may be spent in **INSERT PLACE**, but you will need no more than **INSERT COST**. Pupils are required to bring their own packed lunch and snacks for the day and should be attired in **INSERT UNIFORM/APPROPRIATE ATTIRE**. Please be aware that pupils are responsible for any items they choose to bring with them including mobile phones, but we would ask that expensive items are left at home.

We will be leaving the school at **TIME** and arriving back at school for around **TIME** Please could you arrange to collect your child from school after the trip.

Please fill in the attached slip. If you have any queries do not hesitate to contact me.

Please could I ask that you complete the slip below and return it with payment to myself by no later than **INSERT DATE**. If you have any questions, please do not hesitate to contact me.

Yours Faithfully,

STAFF NAME

Party Leader

Pupil's name: _____ Year _____ Form _____

I enclose a cheque made payable to Priory School for the total sum of **AMOUNT** for the educational visit to **ESTABLISHMENT** on **DATE** and confirm that I have kept school up to date with all emergency contact and health details (please send updates attached if required)

Signed _____ **Parent/Guardian Date:** _____

3E

STANDARD INITIAL LETTER FORMAT FOR A RESIDENTIAL SCHOOL TRIP

Dear Parent/Guardian,

INSERT GROUP/DEPT are excited to be able to offer a **INSERT TRIP DESTINATION** in **INSERT DATE/MONTH**.

The visit will not only offer pupils the chance to **INSERT OBJECTIVES**. Throughout their stay, pupils will **INSERT ITINERARY DETAILS INCLUDING FOOD**.

The planning for the trip is still in the very early stage and a gauge of interest is required before further plans can be made, although an estimated cost is likely to be **INSERT ESTIMATE** (to be confirmed).

Therefore, I would like to invite you to an information evening on **INSERT DATE AND TIME** where a **INSERT PERSON/TOUR COMPANY** will be making a detailed presentation offering more information about the trip. If you are interested in attending the evening in order to gain further information, please complete the slip below and return to me by **INSERT DATE**

If you have any further questions in the meantime, please do not hesitate to contact me via email on **INSERT EMAIL**

Yours Faithfully,

STAFF NAME

Party Leader

will be attending the information evening on **INSERT DATE**.

Pupil's name: _____ Year _____ Form _____

Signed _____ Parent/Guardian Date: _____



ADULT INFORMATION (RESIDENTIAL VISITS)

Name of Adult:	Date of Birth:
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Address:

Emergency Contact	Phone Number(s)
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Doctor's name:	Address:	Telephone number:
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National Insurance Number	Passport Number
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Do you have any medical issues (allergies, asthma, diabetes, epilepsy etc.)

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Do you have special dietary requirements? (Vegetarian, Diabetic etc)

--

Please provide any other information that you feel may be useful in the box below:

--

I agree that urgent medical treatment may be given to me if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed _____

Date: _____



SAMPLE FORM 4A
Priory School Educational Visit RISK ASSESSMENT FORM

Visit	Scuba Diving	Team leader	John Smith			Year Goup	7-9
Date of Visit	8th-12th October 2013	Male Staff	2	Female Staff	1	Number of Pupils	19

HAZARD	PERSONS AT RISK	RISK DESCRIPTION	Likelihood	Impact/Severity	Risk Level	ACTION TO MINIMISE OR REACT	OWNER
Coach Accident	All	Range of potential injuries from minor cuts to death	1	5	5	Using Licenced Contractor and following LA Code of Practice for travelling by Coach	Head Teacher/EVC
Loss of students during rest stops	Pupils	<ul style="list-style-type: none"> • Pupils left without supervision • Potential for injury in traffic accident • Potential abduction 	2	1	2	Management procedure requiring a register of pupils and headcounts before departing stop. Ensure Mobile Phone Communication between multiple coaches	Team Leader
Disembarkation on major road	All	Range of potential injuries from minor cuts to death	1	5	5	Ensure that participants disembark away from passing traffic. Warn pupils of the dangers Pupil Code of Conduct.	Team Leader
Scuba diving	All	Range of injury potential from minor for death	1	5	5	Under Instructor or Dive Master at all times. Signed liability forms	Team Leader/Instructor
Carriage of scuba equipment	All	Cuts, bruising and potentially fractures if equipment dropped on limbs, etc.	1	3	3	Training is provided in care and use of equipment	Team Leader Instructor

Score	1	2	3	4	5
LIKELIHOOD	<i>Unlikely</i>	<i>May occur but very rarely</i>	<i>Occurs from time to time</i>	<i>Likely</i>	<i>Probable</i>
SEVERITY	<i>Inconvenience</i>	<i>Minor injury requiring first aid</i>	<i>Medical attention required</i>	<i>Major injury leading to hospitalisation</i>	<i>Fatal or serious injury leading to disability</i>

0-9 Low Risk – Go ahead

10-16 Medium Risk – Re-consider actions

17-25 High Risk – Find another activity!

Assessed by	John Smith	Signed	<i>J. Smith</i>	Date Assessed	7th July 2013
Approved by (EVC)	Mel Jones	Signed	<i>M. R. Jones</i>	Date	21st July 2013

FORM 4A Priory School Educational Visit RISK ASSESSMENT FORM



Visit		Team leader		Year Group	
Date of Visit		Male Staff	Female Staff	Number of Pupils	

HAZARD	PERSONS AT RISK	RISK DESCRIPTION	Likelihood	Impact/Severity	Risk Level	ACTION TO MINIMISE OR REACT	OWNER

Score	1	2	3	4	5
LIKELIHOOD	<i>Unlikely</i>	<i>May occur but very rarely</i>	<i>Occurs from time to time</i>	<i>Likely</i>	<i>Probable</i>
SEVERITY	<i>Inconvenience</i>	<i>Minor injury requiring first aid</i>	<i>Medical attention required</i>	<i>Major injury leading to hospitalisation</i>	<i>Fatal or serious injury leading to disability</i>

0-9 Low Risk – Go ahead

10-16 Medium Risk – Re-consider actions

17-25 High Risk – Find another activity!

Assessed by		Signed	
Approved by (EVC)		Signed	Date Assessed
			Date



FORM 4B

PRIORY ACCOMMODATION FORM

ASSESSMENT CARRIED OUT BY:	NAME & ADDRESS OF ACCOMMODATION
Name:	Firm Name:
Signature:	Address:
Position:	Contact number:

	Satisfactory		Defect	Action required		Follow-Up action		Comments
	YES	NO		Immediate	Follow-up	Carried out by	Date	
Sleeping accommodation								
Beds or bunks								
Night time security								
Can the pupils get help in the night?								
Can staff get to the children at night?								
Toilets								
Wash basins								
Showers or baths								
Classroom								
Recreation area								
Drying room								
Cleanliness, warmth & comfort								
Dining room								

	Satisfactory		Defect	Action required		Follow-Up action		Comments
	YES	NO		Immediate	Follow-up	Carried out by	Date	
Quality of food								
Quantity of food								
Provision of special diets								
Health & hygiene cert								
Cook qualified								
Fire safety certificate								
Fire exits marked & unlocked								
Emergency lighting								
Fire alarm OK								
Evacuation drill								
Electrical systems checked?								
Staff accommodation								
Staff toilets								
Staff /pupil accommodation adjacent								
Division of male and female accommodation								
Other								



FORM 4C

PRIORY OUTDOOR ACTIVITY FORM

ASSESSMENT CARRIED OUT BY:	ACTIVITY FIRM:
Name:	Firm Name:
Signature:	Address:
Position:	Contact number:

	Satisfactory		Defect	Action required		Follow-Up action		Comments
	YES	NO		Immediate	Follow-up	Carried out by	Date	
Brochure details								
Recommendation by another school								
Recommended by staff								
Used by school before								
Inspection visit								
Instructors qualifications								
Equipment								
Other Information:								



FORM 4D

PRIORY TRAVEL FIRM SELECTION FORM

ASSESSMENT CARRIED OUT BY:	TRAVEL FIRM:
Name:	Firm Name:
Signature:	Address:
Position:	Contact number:

	Satisfactory		Defect	Action required		Follow-Up action		Comments
	YES	NO		Immediate	Follow-up	Carried out by	Date	
ABTA approved								
Brochure details								
Recommendation by another school								
Recommended by staff								
Used by school before								
Programme offered								
Instructor qualifications								
DBS checks								
Transport Arrangements								
Accommodation								
Catering								
Booking Terms and Conditions								
Literature and media								
Willing to visit school								
Inspection visit								
Other Information:								

FORM 5A

Checklist for Educational Visits Day Trips



This checklist is to help the Group Leader to ensure the:

- health, safety and welfare of young people and staff
- maximum educational benefit to children and young people
- effective management, planning, organisation and leadership

Please ensure you have ticked-off the following essentials.

1	Seek approval from your line manager and discuss at relevant meetings	
2	Complete and submit FORM 1 to Finance, Headmaster and DHT	
3	Consult with other relevant colleagues (e.g. SENCO; teachers of lessons)	
4	Make reasonable adjustments for all pupils' travel and accommodation	
5	Complete leave of absence forms and receive approval for cover	
6	Pre-visit completed for new locations if possible; otherwise collate provided detailed information	
7	Risk Assessment(s) completed and signed off by the Facilities Manager	
8	Insurance in place and documents attached	
9	Licenses and Insurance checked from external providers of adventure activities	
10	Trip Letter based on standard template approved by Headmaster	
11	Trip Letter sent home and requests for missing Pupil Information forms (FORM 3A) if required	
12	Publish confirmation of trip in the Bulletin, notify Wilson Vale and add to the calendar	
13	Collate pupil returns of consent letters	
14	Print out a sheet of pupil photos from SIMs; gaps filled using a digital camera	
15	Meeting(s) held for staff going on the trip	
16	Pupil briefing has taken place (in class, via form or special assembly) concerning purpose of trip, behaviour, essential equipment and safety	
17	Collect money at agreed times and put into the school safe . Use Trip Finance forms to record all income and expenditure.	
18	A pupil list with special considerations, diet, medical etc.to be prepared at least 2 weeks before the trip. Copies should be left with reception and in the case of a late return with the senior member of staff acting as emergency contact.	
19	Submit Trip Pack Stage 2 at least 2 weeks in advance of the trip for final approval. This should include a full itinerary.	
20	File additional Pupil Information forms (FORM 3A) with the Finance Assistant	
21	Debrief the Headmaster and relevant Deputy verbally upon return	
22	Submit the accounts, evaluation form and incident reports to the relevant Deputy Headteacher. Copy the evaluation form to the headmaster.	
23	Share the follow up work with line manager	
24	Produce a website report and photos of the visit emphasising the learning	
25	Deputy Headteacher to submit the final trip pack (stage 2 and stage 3) to the Finance Assistant for archiving	

FORM 5B**Checklist for Educational Visits
Residential Trips**

This checklist is to help the Group Leader to ensure the:

- health, safety and welfare of young people and staff
- maximum educational benefit to children and young people
- effective management, planning, organisation and leadership

Please ensure you have ticked-off the following essentials.

1	Seek approval from your line manager and discuss at relevant meetings	
2	Complete and submit FORM 1 to Finance, Headmaster and DHT	
3	Ensure that governor approval via Health and safety committee is in place	
4	Consult with relevant colleagues (e.g SENCO; teachers of lessons)	
5	Make reasonable adjustments for all pupils' travel and accommodation	
6	Complete leave of absence forms and receive approval for cover	
7	Pre-visit completed for new locations if possible; otherwise collate provided detailed information	
8	Risk Assessment (s) completed and signed off	
9	Insurance in place and documents attached	
10	Trip Letter based on standard template approved by Headmaster	
11	Trip Letter sent home and requests for missing Pupil Information forms (FORM 3A) if required	
12	Publish confirmation of trip in the Bulletin, notify Wilson Vale and add to the calendar	
13	Collate pupil returns of consent letters	
14	Print out a sheet of pupil photos from SIMs; gaps filled using a digital camera (UK) or take copies of all passports (non - UK).	
15	Meeting(s) held for staff going on the trip	
16	A meeting for parents and carers is held at least 14 days before the trip leaves.	
17	Pupil briefing has taken place (in class, via form or special assembly) concerning purpose of trip, behaviour, essential equipment and safety	
18	Collect money at agreed times and put into the school safe . Use Trip Finance forms to record all income and expenditure.	
19	A pupil list with contacts and special considerations, diet, medical etc, needs to be prepared at least 2 weeks before the trip. Copies should be left with reception and in the case of a residential with the senior member of staff acting as emergency contact.	
20	A photocopied record of passports of all pupils should be prepared and left with the SLT line manager who will be the emergency contact.	
21	Submit Trip Pack Stage 2 at least 2 weeks in advance of the trip for final approval. This should include a full itinerary.	
22	File Pupil Information forms (FORM 3B) with the Finance Assistant	

23	Debrief the Headmaster and relevant Deputy verbally upon return	
24	Submit the accounts, evaluation form and incident reports to the relevant Deputy Headteacher within 10 working days. Copy the evaluation form to the headmaster.	
25	Share the follow up work with line manager	
26	Produce a website report and photos of the visit emphasising the learning	
27	Deputy Headteacher to submit the final trip pack (stage 2 and stage 3) to the Finance Assistant for archiving.	



FORM 6 Evaluation Form

Please return with any additional supporting evidence to the relevant Deputy Head no more than 10 days after the return from a visit.

Destination/Activity		Dates	
Group Leader			

Please use a scale of 1-5 to answer the following (where appropriate) (1=poor, 2=reasonable, 3=good, 4=very good 5=outstanding).

Any item scoring a 1 will need change; any item scoring a 2 should be reviewed)

	Score	Comment (no blanks please)
Departure		
Transport/travel		
Location		
Activities		
Educational Content		
Behaviour		
Arrival back in School		
Accidents, near misses or complaints		
Staff/Adult support		
Residential Visits		
Accommodation		
Activities		
Food		
Equipment		
Evening activities		
Travel Company representatives/links		

Overall, how successful was the trip?	
State any changes you would make if you were to run the trip again	
Do you plan to run the trip next year	

