



Ark John Keats  
Academy

# Off-Site Visits Policy and Guidance

## POLICY INFORMATION

### Named personnel with designated responsibility for:

Academic year	Designated Safeguarding Lead	Deputy Designated Safeguarding Lead	Nominated Governor	Chair of Governors
2014/15	Jerry Collins	Amy Baird	Linsey Cole	Linsey Cole
2015/16	Amy Baird	Cristina Wenzel	Linsey Cole	Linsey Cole
2016/17	Amy Baird	Elizabeth Kent	Linsey Cole	Linsey Cole

### Policy review dates

Frequency of review: annually

Review Date	Changes made	By whom
June 2013	Policy created	Ark/J Collins
Sept 2015		
Sept 2016	Updated	Amy Baird

### Ratification by Governing Body

Academic year	Date of ratification	Chair of Governors
2013/14	5 <sup>th</sup> July 2013	Linsey Cole
2016/17		

### Dates of staff training for this academic year

Dates	Course Title	Staff
12/09/16	Safeguarding	All

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# CONTENTS

1	INTRODUCTION	4
2	DECISION MAKING	5
3	ROLES AND RESPONSIBILITIES	6
4	NATIONAL AND LOCAL GUIDELINES	9
5	EQUALITY IMPACT STATEMENT	10
6	APPENDIX 1 – OSA 0 FLOWCHART FOR TRIP ORGANISATION	11
7	APPENDIX 2 – OSA 1 PROPOSAL TO ORGANISE AN EDUCATIONAL OFFSITE VISIT/ACTIVITY	12
8	APPENDIX 3 – OSA 2 APPROVAL PROCESS FOR AN EDUCATIONAL OFFSITE VISIT/ACTIVITY	14
9	APPENDIX 4 – OSA 3 COMPLETED DETAILS OF EDUCATIONAL OFFSITE VISIT/ACTIVITY	15
10	APPENDIX 5 – OSA 4 PARTICIPANT LIST	19
11	APPENDIX 6 – OSA 5 EMERGENCY INFORMATION	21
12	APPENDIX 7 – OSA6 RISK ASSESSMENT TEMPLATE	23
13	APPENDIX 8 – OSA7 PARENTAL CONSENT	25
14	APPENDIX 9 – OSA8 SWIMMING CONSENT	28
15	APPENDIX 10 – OSA 9 EVALUATION SHEET	30
16	APPENDIX 11 – OSA 10 PUPIL QUESTIONNAIRE	32

## 1 INTRODUCTION

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- 1.1 Ark Schools believes that adventurous and challenging school visits are a vital part of a pupil's education. They can develop teamwork skills, resilience and confidence, as well as supplement and enrich the curriculum of the school by providing experiences which would otherwise be impossible. Off-site activities must serve an educational purpose, enhancing and enriching our pupils learning experiences.
- 1.2 Uncertainty is inherent in adventure, but a young person's development should not be stifled by the need to consider risk without first estimating its likelihood and balancing this against the possible benefits. The purpose of this policy document is to ensure that all off-site visits are correctly planned, managed and supervised so that pupils can safely participate in the opportunities that are offered.
- 1.3 As previous generations have learnt by experience, it is rare that a well-planned exercise leads to accidental injury. It will instead be most likely to bring a sense of enterprise, accomplishment and fun, so vital for judgement, maturity and well-being, which must nearly always offset the residual and inevitable risk. We believe that *"We must try to make life as safe as necessary, not as safe as possible."*
- 1.4 This document lays out Ark Schools' scheme of delegation and guidelines for trip planning and management of learning outside the classroom.

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## 2 DECISION MAKING

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This section defines the scheme of delegation for approving off-site visits within Ark Schools.

- 2.1 Under the Health and Safety at Work Act (1974) Ark Schools is responsible for the health, safety and welfare of its employees. Ark Schools is also under a duty to ensure, so far as is reasonably practicable, the health and safety of anyone else on the premises or anyone who may be affected by their activities. In addition to this the Management of Health and Safety at Work Regulations 1992 requires an employer to assess the risks of activities (see Risk Assessment in Section 2); introduce measures to control those risks; tell their employees about these measures.

Under Health and Safety legislation employees must: take reasonable care of their own and others' health and safety; co-operate with their employers over safety matters; carry out activities in accordance with training and instructions; inform their employers of any serious risks.

- 2.2 Responsibility for Health and Safety is delegated via the Ark Schools policy to **School Headteachers**. Ark Schools retains responsibility for advice, guidance, monitoring and review. There are two underpinning principles for the scheme:
- a The Headteacher is appointed to provide overall leadership for each school. Every off-site visit takes place because they believe that it enhances learning and offers an experience for young people attending the activity. The scheme of delegation is consistent with this principle and with the principles underpinning the delegation of H&S tasks. Curriculum and safety advice is available from Ark Schools, but it is the task of Headteachers to manage this scheme within their schools
  - b The safe conduct of all visits depends fundamentally upon the competence of the team that oversees and leads each venture. Whilst Ark Schools, through guidance, can set minimum standards of training, qualifications and experience to lead certain activities, the only person uniquely placed to judge a leader's competence is the Headteacher.

### 3 ROLES AND RESPONSIBILITIES

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3.1 ARK Schools will provide the following:

- a **This guidance document**, which is supplemented by the comprehensive and regularly updated materials on the Outdoor Education Advisers Panel (OEAP) website (<http://oeapng.info>). Ark Schools has adopted these OEAP National Guidelines for off-site visits.
- b **An adviser for general Health and Safety Advice:** contact the Ark Schools Health and Safety Adviser on 07710 620058.
- c **An appointed adviser for outdoor education** to give specialist advice on off-site visits and outdoor visits: currently the Director of Outdoor Education at Widehorizons Outdoor Education Trust who can be contacted on 020 8850 1581/1760.
- d **Generic risk assessments** to schools: These assessments aim to provide guidance of the common risks associated with off-site visits.
- e **Monitoring:** Ark Schools will monitor school policies, procedures and practices in the following ways:
  - i. A register of Educational Visits Coordinators (EVC) will be maintained and annually updated. New EVCs will be required to attend an accredited EVC training course.
  - ii. As part of the annual update, EVCs will complete and return a self-evaluation review.
  - iii. H&S monitoring by Ark Schools either by self evaluation questionnaire, periodic mini audits or by full H&S audit.
- f **Compliance:** Headteachers, must nominate a Deputy Head as the EVC, or assume the role themselves. EVCs must receive training delivered by an accredited Outdoor Education Advisers' Panel trainer. The Managing Director of Ark Schools may withdraw permission to educate children outside of school premises for non compliance.

3.2 Beyond the requirements listed above, decisions are delegated to the Headteacher, who in turn will work with their EVC, the visit/activity leader of a given trip, and in some cases assistant leaders, volunteer helpers, parents/carers and pupils, to ensure visits are well and safely managed.

3.3 There are excellent resources for each of these roles, which can be found on-line at [www.oeapng.info](http://www.oeapng.info) (including checklists, training and advice). These are easy to navigate, regularly updated by the Outdoor Education Advisers Panel and Ark Schools has adopted these National Guidelines for its off-site visits and learning outside the classroom. A summary of the key responsibilities for the Ark Schools network lies below and has been adapted from this website.

### 3.4 The Headteacher should:

- a Ensure that off-site activities comply with the procedures in this guidance document.
- b Appoint, or undertake the functions of, an EVC and inform Ark Schools. If appointing, the EVC should be a Deputy Head, who in the view of the Headteacher is competent to undertake delegated tasks. The role of EVC brings some administrative duties and we would suggest allocating some administrative support to the EVC for these matters.
- c Ensure that the EVC has attended an EVC training course and refresher training every three years
- d Delegate approval of defined visits to the EVC.
- e With advice from the EVC, approve party leaders and additional staff who are sufficiently experienced and competent to assess and manage the risks with regard to the group and planned activity.
- f Ensure that risks have been assessed, significant risks recorded and appropriate safety measures are in place and that all parties are aware of the assessments and ensure that all staff understand and comply.
- g The final planning checklist is completed and all supporting documents are completed before the journey takes place.
- h Ensure formal approval is given to each journey or visit before it is communicated to parents/carers.
- i Comply with Ark Schools monitoring arrangements and agree with the EVC a programme for monitoring off-site visits.

### 3.5 The Educational Visits Coordinator should:

- a Support the Headteacher with approval.
- b Approve delegated visits.
- c Approve competent people to lead or otherwise supervise a visit.
- d Support the party leader with advice and guidance on risk assessments.
- e Review and approve the risk assessment produced by the party leader and team for each visit.
- f Check the emergency arrangements are adequate and ensure there is an emergency contact for each visit.
- g Receive, evaluate action if necessary and archive Group Leader's Evaluation and Trip/Outing Report and any other significant documentation (e.g. related to an accident).
- h Review systems and, on occasion, monitor practice.

### 3.6 The Party Leader should:

- a Complete a written curriculum plan or planner for the visit and submit a cost breakdown.

- b Obtain the approval of the Headteacher or EVC before any off-site visit or activity takes place.
- c Assess the reasonably foreseeable risks involved and draw up or amend as appropriate any previously recorded risk assessment.
- d Oversee the safe conduct of each visit, paying particular attention to ongoing risk assessments and changing circumstances, and arrange a pre-visit if appropriate.
- e Ensure that all other members of staff and voluntary helpers are made aware of their responsibilities and have the appropriate training and experience to undertake their assigned roles.
- f Consider the planning checklist to ensure that all procedures have been followed.
- g Inform parents/carers about the visit and gain their consent, where appropriate.

3.7 Additional members of staff and volunteers on the trip should:

- a Be given written instructions to ensure that they are familiar with procedures/protocols.
- b Assist the party leader to ensure the health, safety and welfare of all the young people on the visit.
- c Be clear about their roles and responsibilities whilst taking part in the visit or activity.

3.8 Pupils/Students should:

- a Be made aware of their responsibilities on the visit by the party leader and other members of staff, for their own health and safety and that of the group.
- b Not take unnecessary risks.
- c Follow instructions of the party leader and other members of staff.
- d Behave sensibly, keeping to any agreed code of conduct.
- e Inform members of staff of any significant hazards.

3.9 Parents/Carers/Guardians should:

- a Have an important role in deciding whether any visit or off-site activity is suitable for their child.
- b Inform the party leader about any medical, psychological or physical condition relevant to the visit.
- c Provide emergency contact numbers.
- d Provide the party leader with arrangements to resume care of their child should this be necessary.
- e Sign the consent form.

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## 4 NATIONAL AND LOCAL GUIDELINES

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- 4.1 ARK Schools has adopted the **National Guidelines** for off-site visits and learning outside the classroom which can be found at [www.oeapng.info](http://www.oeapng.info). The site is easy to navigate with excellent resources on risk management and visit planning, including checklists and advice for each of the key roles in school. Some useful links to consult include:
- a Legal frameworks and employer systems section, including helpful trip checklists for EVCs, party-leaders, Headteachers and others:  
<http://oeapng.info/downloads/legal-framework-and-employer-systems/>
  - b Good practice section, including supervision ratios, insurance, minibus guidance, critical incident management and emergency protocols:  
<http://oeapng.info/downloads/good-practice/>
  - c Policies and planning section, including advice on how to avoid paperwork, writing a visit policy, planning learning outcomes: <http://oeapng.info/downloads/policies-planning-and-evaluation/>
  - d Specialist activities section, including advice on unusual trips like farm visits, home stays, swimming, etc: <http://oeapng.info/downloads/specialist-activities-and-visits/>
  - e Searchable contents page: <http://oeapng.info/downloads/>
- 4.2 Ark Schools has also developed ten key template documents and some example risk assessments, which all can be found in the appendices. The appendix begins with a useful flow chart explaining our recommended process for using these templates. The appendix includes:
- a OSA0 - Flowchart for trip organisation
  - b OSA1 - Proposal to organise an educational offsite visit/activity
  - c OSA2 - Approval Process for an educational offsite visit/activity
  - d OSA3 - Completed details of educational offsite visit/activity
  - e OSA4 - Participant List
  - f OSA5 - Emergency Information
  - g OSA6 - Risk Assessment Template
  - h OSA7 - Parental Consent
  - i OSA8 - Swimming Consent
  - j OSA9 - Evaluation sheet
  - k OSA10 - Pupil Questionnaire

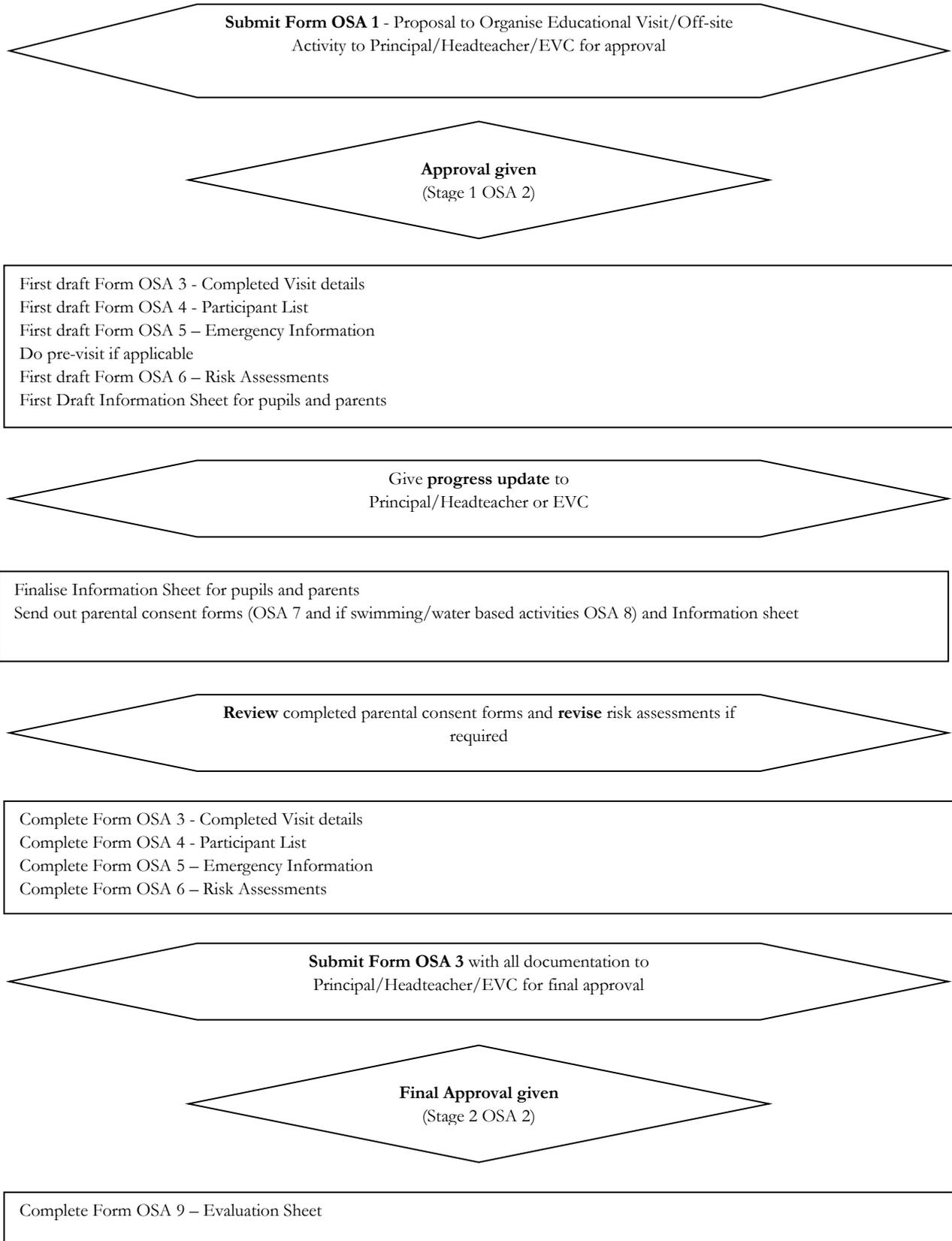
## 5 EQUALITY IMPACT STATEMENT

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We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

## 6 APPENDIX 1 – OSA 0 FLOWCHART FOR TRIP ORGANISATION

### Flowchart for process to conduct an Educational Visit/ Off-site Activity



**7 APPENDIX 2 – OSA 1 PROPOSAL TO ORGANISE AN EDUCATIONAL OFFSITE VISIT/ACTIVITY**

**To provide basic information to help the Head of Primary School/Principal make a decision on giving approval to organise. This proposal has to be submitted as soon as possible in enough time to allow for planning and safe organisation as well as for deadlines to be met**

*Attach a separate sheet if necessary*

**To:** Headteacher/EVC

**From:** Trip Organiser

**Trip Details**

**Number of pupils** Female  Male  **Year Group(s) /Class**

**Number of staff** Female  Male  **Number of Volunteers** Female  Male

**Number of First Aiders** Female  Male  **If no first aiders on trip is first aid provided at venue?** Y/N

**Venue**  **Approximate Total Cost** £

**Type and purpose of visit (half-day, day, abroad, residential, fieldwork, language, cultural, etc):**

**Proposed Dates** From:  To:

**Proposed Accommodation if residential (Hostel, Centre, Hotel etc)**

**Means of transport (walking, minibus, coach, bus, underground, train, ferry, air)**

**Detail any hazardous activities identified:**

<b>Has the Party Leader attended off-site activities training within the past 2 years?</b>	Y/N	<input type="text"/>	If Yes, When	<input type="text"/>
<b>Signed</b>	<input type="text"/>		<b>Date</b>	<input type="text"/>

**Please retain a copy of this form for your records**

**It is understood that the above proposal is likely to alter. Please ensure the Headteacher/EVC is kept informed of significant changes as soon as possible**

## 8 APPENDIX 3 – OSA 2 APPROVAL PROCESS FOR AN EDUCATIONAL OFFSITE VISIT/ACTIVITY

**Proposed Visit/Off-site Activity to:**

**Proposed Dates**

From:

To:

### Stage 1 - Initial Approval to organise

**To:** Trip Organiser

**From:** Headteacher/EVC

Approval has been given for this visit/ off-site activity to be organised.

Please ensure that all staff involved are familiar with the ARK Schools off-site visits policy and OEAP Guidelines ([www.oeapng.info](http://www.oeapng.info)) and that you take the guidance and advice given into consideration in your planning, preparation and organisation.

Your attention is drawn to the requirement to complete **Form OSA 3**. It has to be submitted within the following timeframes:

- **At least 4 weeks** prior to departure **for day or half-day visits**.
- **At least 6 weeks** prior to departure for residential trips in the UK or day trips to Europe
- **At least 8 weeks** prior to departure for residential overseas trips.

The Head of Primary/Principal's final approval will not be given until **Form OSA 3** has been satisfactorily completed together with supporting information and parental consents.

In the meantime, please keep me up to date with the progress of your arrangements.

**Signed**

**Date**

## 9 APPENDIX 4 – OSA 3 COMPLETED DETAILS OF EDUCATIONAL OFFSITE VISIT/ACTIVITY

**Not all sections will be relevant for every proposed visit**

<b>To:</b>	Principal/Headteacher/EVC	<input type="text"/>	
<b>From:</b>	Trip Organiser	<input type="text"/>	
<b>Visit/Off-site Activity to:</b>	<input type="text"/>		
<b>Dates</b>	From:	<input type="text"/>	To: <input type="text"/>
<b>Status of this form</b>	Draft	<input type="text"/>	Complete <input type="text"/>

This form should be submitted once preparations have been completed:

- **At least 4 weeks** prior to departure **for day or half-day visits.**
- **At least 6 weeks** prior to departure for residential trips in the UK or day trips to Europe
- **At least 8 weeks** prior to departure for residential overseas trips.

### Confirmation of Approvals

Have you received Initial Approval to organize (Form OSA 2 – Stage 1)	Y/N	<input type="text"/>	Date	<input type="text"/>
Have you received parental consent forms for all pupils taking part on this visit (Forms OSA 7 and 8 as appropriate)	Y/N	<input type="text"/>	Date	<input type="text"/>

### Details for Educational Visit/Off-site Activity

**Purpose of Visit and specific educational objectives (attach sheets if required)**

### Dates and Times

Date of Departure	<input type="text"/>	Time of Departure	<input type="text"/>
Date of Return	<input type="text"/>	Time of Return	<input type="text"/>

**Itinerary (attach sheets if required)**

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**Transport Arrangements (please include, if appropriate, name of transport company, driver, vehicles)**

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**Organising Company or Agency, if any** (please include Licence reference, if the Centre is registered with the Adventure Activities Licensing Authority):

Company name			
Address			
Main contact			
Tel		Email	
Licence Number			

**Costs and arrangements for payment**

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**Insurance Arrangements (for all members of party including volunteers) (tick all that apply)**

Accident	Loss/Theft	Medical	Cancellation	Personal Liability	Other	
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Policy Details (Policy Number, Company Name, Address, Emergency contact number)

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If travelling in EU do all members of party have a valid EHIC card Y/N

**Accommodation Details**

Name			
Address			
Main contact			
Tel		Email	

**Programme of Activities (attach sheets if required)**

**Risk Assessments (attach Form OSA 6)**

Have you identified and documented the hazards and hazardous activities? Y/N

Have you written down the control measures? Y/N

Has a pre-visit been made? Y/N/NA

**Size and Composition of the Group (attach Form OSA 4)**

**Number of pupils**      Female  Male       **Year Group(s) /Class**

**Number of staff**      Female  Male       **Number of Volunteers**      Female  Male

**What is the adult:participant ratio and is this sufficient for the composition and needs of the group?**

**Have all adults been CRB/DBS checked? If not what safeguarding measures are in place?**

**Number of First Aiders**      Female  Male       **If no first aiders on trip is first aid provided at venue?** Y/N

**Parental Consent**

Have all completed consent forms been returned (Forms OSA 7 and 8 as appropriate) (attach copies) Y/N

Has an information pack been sent to all parents/carers? (attach a copy) Y/N

**Emergency Contact Details**

Main school contact <b>during</b> school hours			
Telephone		Mobile	
Backup school contact <b>during</b> school hours			
Telephone		Mobile	

Main school contact <b>outside</b> school hours			
Telephone		Mobile	
Backup school contact <b>outside</b> school hours			
Telephone		Mobile	

**Other Relevant Information**

**Signed**

**Date**

Please retain a copy of this form for your records

**10 APPENDIX 5 – OSA 4 PARTICIPANT LIST**

To provide comprehensive list of participants, contact details, emergency information

**Proposed Visit/Off-site Activity to:**

**Proposed Dates** From:  To:

**Staff and Volunteers**

Name	Relevant Quals	Relevant Experience	Role on this Visit	Emergency contact information

**Pupils**

Surname	Forename	Date of Birth	Address and contact telephone numbers	Next of kin	Relevant medical information	Dietary needs



**11 APPENDIX 6 – OSA 5 EMERGENCY INFORMATION**

**Proposed Visit/Off-site Activity to:**

**Party Leader**  **Contact details (Mobile/Home)**

**Dates and Times**

Date of Departure  Time and location of Departure

Date of Return  Time and location of Return

**Size and Composition of the Group (refer to Form OSA 4)**

**Number of pupils** Female  Male  **Year Group(s) /Class**

**Number of staff** Female  Male  **Number of Volunteers** Female  Male

**Emergency Contact Details**

Main school contact <b>during</b> school hours			
Telephone		Mobile	
Backup school contact <b>during</b> school hours			
Telephone		Mobile	

Main school contact <b>outside</b> school hours			
Telephone		Mobile	
Backup school contact <b>outside</b> school hours			
Telephone		Mobile	

<b>Travel Company</b>	
Main contact	

Address and Contact Numbers	

<b>Venue</b>	
Main contact	
Address and Contact Numbers	

<b>Other Emergency Contact Information</b>	
Embassy/High Commission	
Insurance	

**A copy of this form should be taken by the party leader and a copy held at school by the emergency contacts**



<b>What are the hazards?</b>	<b>Who is at risk? What is the risk level? (L/M/H)</b>	<b>How are they at risk? How could they be injured or harmed?</b>	<b>What control measures are in place?</b>

**A copy of this form should be taken by the party leader and reviewed as required**

13 APPENDIX 8 – OSA7 PARENTAL CONSENT

Please refer to the Information Sheet giving full details of the visit

Visit/Off-site Activity to:

Departure Date  Time  Location

Return Date  Time  Location

Full Name of Pupil

I agree to my son/daughter taking part in this visit. I have read the information sheet and agree that he/she can participate in the activities described. For activities involving swimming or water based activities a separate consent is required.

I understand that he/she must co-operate with staff and behave responsibly.

**Medical Information**

a) Does your son/daughter have a condition **not** already advised to the School which will or might require treatment during the visit? (Staff will ensure the continued care of known pupils with special medical needs, as in school)? Yes No

b) If **Yes**, please give brief details including special measures such as an injection, means of storing the medication, how often to be taken, etc (Staff have to be willing and able to administer the medication. Training may be required):

c) Please outline any special dietary requirements:

d) Please state the type of pain/ temperature control medication that your son/daughter may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:

e) Has your son/daughter, to your knowledge, been in contact with any contagious or infectious diseases or has he/she suffered from anything in the last four weeks that may be contagious or infectious? Yes No I do not know

If **Yes**, please give brief details:

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f) Is your son/daughter allergic to any medication?	Yes No I do not know	<input style="width: 100%; height: 30px;" type="text"/>
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If **Yes**, please give details:

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g) Does your son/daughter suffer from any allergic reactions?	Yes No I do not know	<input style="width: 100%; height: 30px;" type="text"/>
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If **Yes**, please give details:

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h) Has your son/daughter had a tetanus injection within the last 10 years?	Yes No I do not know	<input style="width: 100%; height: 30px;" type="text"/>
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**Contact details and Emergency Information**

<b>Home Address</b>	<input style="width: 100%; height: 40px;" type="text"/>
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<b>Home Telephone</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>Work Telephone</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>Mobile</b>	<input style="width: 100%; height: 25px;" type="text"/>
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<b>Alternative Emergency Contact</b>	<b>Name</b>	<input style="width: 100%; height: 30px;" type="text"/>	<b>Relationship to pupil</b>	<input style="width: 100%; height: 30px;" type="text"/>
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<b>Address</b>	<input style="width: 100%; height: 40px;" type="text"/>
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<b>Telephone</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>Work Telephone</b>	<input style="width: 100%; height: 25px;" type="text"/>	<b>Mobile</b>	<input style="width: 100%; height: 25px;" type="text"/>
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<b>Family Doctor</b>	Name	<input style="width: 100%; height: 25px;" type="text"/>
	Address	<input style="width: 100%; height: 25px;" type="text"/>
	Telephone	<input style="width: 100%; height: 25px;" type="text"/>

**Declaration**

d) I agree to inform the Party Leader as soon as possible of any changes in the medical or other

circumstances of my son/daughter between now and the Visit/ Activity.

e) I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand that all reasonable efforts will be made to contact me before taking any action but that in particular cases this may not be possible. I also acknowledge the extent and limitations of the insurance cover provided.

f) I understand that neither the School nor the party leader is liable for any claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of my son/daughter except incidents arising from the negligence of the School or its employees.

g) I confirm that the information given above is correct to the best of my knowledge.

Signed

Date

Full Name (Block Capitals)

Your relationship to pupil

14 APPENDIX 9 – OSA8 SWIMMING CONSENT

**Parental/Carer/Guardian Consent for Swimming Activities or Activities where being able to swim is essential**

**Full Name of Pupil**  **Age**

**Full Name of Parent/ Carer/ Guardian**

**Home Address**

**Home Telephone Number**  **Work Telephone Number**  **Mobile Number**

**Swimming Ability**

Is your child able to swim more than 50 metres? **Yes / No**

Is your child confident in the pool? **Yes / No**

Is your child confident in the sea or in open inland water? **Yes / No**

Is your child safety conscious in water? **Yes / No**

**Consent**

Do you consent to him/her taking part in swimming or water based activities requiring swimming ability? **Yes / No**

If you have answered **Yes**, please let us know if there is any further information (including medical) that we should know:

**Family Doctor**

Name	<input type="text"/>
Address	<input type="text"/>
Telephone	<input type="text"/>

Signed  Date



## 15 APPENDIX 10 – OSA 9 EVALUATION SHEET

**To be completed by the Party Leader and filed for future reference**

Destination:		
Party Leader:		
Number in Group:	Pupils:	Supervisors:
Date(s) of Visit:		
Purpose(s) of Visit:		
Venue:		
Organising Company, if one:		

**Please comment on the following:**

<b>Organisation</b>	<b>Rating out of 10</b>	<b>Comments</b>
Venue pre-visit organisation		
Travel arrangements		
Educational content of the programme, if applicable		
Quality of instruction, if applicable		
Facilities		
Equipment		
Relevance of the Environment		
Accommodation		
Meals		

Evening activities		
Courier/ Representative		
Co-operation of Venue Management		
<b>Health and Safety</b>	<b>Rating out of 10</b>	<b>Comments</b>
First Aid/ Medical provision		
Emergency Procedures (if residential)		
Risk Assessment documentation		
Risk Assessment implementation		
Staff attitudes		
Condition/ maintenance of equipment		
Record keeping of maintenance checks		
Hygiene of food service		
Toilet facilities		
Washing facilities		
Site security arrangements		
General site safety (maintenance, etc)		
Sleeping arrangements		

**Signed:** \_\_\_\_\_ **(Party Leader) Date:** \_\_\_\_\_

**16 APPENDIX 11 – OSA 10 PUPIL QUESTIONNAIRE**

**To be completed by the Participant. If you do not know the answer, please find out**

Name: \_\_\_\_\_

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

—

\_\_\_\_\_

\_\_\_\_\_

Question	Answer
Who is the <b>Party Leader</b> ?	
<b>Where</b> are you going to visit?	
What would you do if you got lost?  What is the contact number?	Tel. No. _____
If not in this country, do you know how to use the telephone if help is required?	
What will be done to keep you safe and secure on the visit?  What must you do to keep yourself safe and secure?	
Have you read and fully understood what is written in the agreed Code of Conduct?	

How will you keep your money and valuables safe?	
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<b>Additionally for Residential Visits and Exchanges</b>	
<b>Question</b>	<b>Answer</b>
What is the address and telephone number of where you will be staying?	
How should you behave where you will be staying?	
Do you know where you are to sleep and if you are sharing a room?	
What would you do if you are worried or unhappy about anything when staying with your host family?	

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

\_\_\_\_\_