

56. Educational Visits

Date adopted: December 2018

Next review: May 2026

See EOTAS policy control document (held by the Business Manager) for status, notes and actions about this policy



Educational Visits

Version	Status	Date	Title of Reviewer	Purpose/Outcome
1.0	adopted	December 2018	Headteacher	Adoption of Educational Visits Policy
2.0	Reviewed	May 2024	Headteacher	Review of Educational Visits Policy



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Educational Visits

All proposed educational visits must be agreed by the Head of Service – EOTAS Swindon. Completed Proposed Educational Visit forms must be handed in to the Stratton office one week before the proposed visit.

Each form must include:

- ❖ answers to questions 1 –16;
- ❖ a list of young people taking part including addresses and contact numbers;
- ❖ a completed Risk Assessment for Visits and Journeys form; ❖ a completed Parental Consent form from **all** parents/carers;
- ❖ a letter to parents/carers explaining the purpose of the visit and any special requirements, eg:
packed lunch; rain wear.

Ensure that you have full knowledge of any pupils with Health Care Plans and you have talked to their parents about the trip.

Which visits require forms?

All visits outside of Swindon and any that are outside normal school hours. For all other visits (regular or one off within Swindon), EOTAS and Swindon Borough Council have adopted National guidance from the Outdoor Education Advisory Panel (copy available on their website). This advises that EOTAS should carry out risk assessments for all venues within the Swindon area unless they are a 'badged' provider. (A badged provider has been nationally risk assessed). Once a risk assessment has been completed, the Lead Teacher taking the pupils to the venue will complete a 'Pupils Taken Off Site' form.

Leadership

There should be one Leader for each trip. The Leader is responsible for completing all forms properly and/or adequate Risk Assessment forms. The Leader is in charge of organisation on the day. The Leader takes the final decision if there is a health and safety question about particular individuals going on the trip.

A Deputy Leader should also be selected as a contingency.

Signing Off

When the Head has signed to give permission for the trip, the Leader should photocopy the forms leaving one copy with the Head of EOTAS.

The party Leader should retain Parental Consent forms once they have been seen by the Head as they may contain important medical information and include consent for medical treatment.

Proposed Educational Visit



- i This form is to be completed by the Activities Organiser. It is essential that the Swindon Borough Council Policy and Procedures document on “Educational Visits and Journeys” is consulted before completion of the form.
- ii This form should be submitted to the Headteacher for visits in all categories. The Headteacher should retain a photocopy on file and return the form to the activity organiser following approval.

1 From: School

2 Destination:

.....
.....

Depart: Date: Time:

Return: Date: Time:

3 Purpose of visit:

.....

4 Nature of visit: Day trip

Residential

Visit Abroad

5 Does this trip include hazardous pursuits? Yes No

If yes, please list :

.....
.....

.....
.....

6 Contact address and telephone number during visit/activity:

.....

.....
.....

.....
.....

7 Transport Arrangements:

Include the name of any transport company. If the school minibus is to be used,



please give name of driver and confirm that they have received appropriate training. The minibus must comply with Swindon Borough Council standards.

.....

8 Organising Company/Agency (if any):
 Include the licence reference number if the body is registered with the Adventure Activities Licensing Authority.

Name:

.....

Address:

.....

..... 9 Young people:

	Girls	Boys
Number		
Age Range		
Supervision Ratio		

State the arrangements made for disabled pupils or for pupils with specific medical needs.

.....

10 Supervision

	Name	Gender	Position held and Qualifications
Party leader			
Other staff			

Other adults			

11a Emergency Procedure:

The contact persons should be back at base and not on the trip. In addition they should not have a child on the visit/trip and must be members of staff.

Contact Person 1 (Staff member)

.....

Home address and telephone number:

.....

.....

.....

Contact number outside normal hours

.....

Contact Person 2 (Staff member)

.....

Home address and telephone number:

.....

.....

.....

Contact number outside normal hours

.....

11b Emergency Procedure:

The contact persons on the trip – at least two members of staff – mobile numbers:

Contact Name (Staff member)

.....

Mobile number:

.....

Contact Name (Staff member)

.....

Mobile number:

.....

Contact Name (Staff member)



Mobile number:

12 Insurance arrangements made:

13 Will young people, at any time during the visit, **NOT** be under direct supervision?

Yes No

14 Have pupils been properly briefed? Yes No

15 Have Parents been informed? Yes No

16 I confirm the proposed visit conforms to Swindon Borough Council Policy in respect of:
(please tick to confirm)

- | | | |
|--|--------------------------|------------------|
| Written Risk Assessment completed | <input type="checkbox"/> | see Section 2.1 |
| Supervision arrangements | <input type="checkbox"/> | see Section 3 |
| Parental notification | <input type="checkbox"/> | see Section 5 |
| Parental Consent | <input type="checkbox"/> | see Section 5 |
| Transport arrangements | <input type="checkbox"/> | see Section 6.0 |
| Insurance arrangements | <input type="checkbox"/> | see Section 7.0 |
| Any Commercial Centre Licensing arrangements | <input type="checkbox"/> | see Section 8.1 |
| Pre-booking Contract received | <input type="checkbox"/> | see Section 8.2 |
| Any necessary Leader Qualifications | <input type="checkbox"/> | see Section 8.3 |
| Any necessary Health requirements | <input type="checkbox"/> | see Section 9.0 |
| Emergency procedures | <input type="checkbox"/> | see Section 10.0 |

Approval by Headteacher

- ❖ The activity is being undertaken in accordance with the current Swindon Borough Council Policy on Educational Visits and Journeys and is component of the planned educational programme. Ratios, instructor qualifications, group sizes, insurance arrangements and contingency provisions conform to those set out in the Swindon Borough Council Policy.



- ❖ The visit detailed is approved.
- ❖ The visit detailed is provisionally approved, subject to:

- ❖ Please delete whichever is inappropriate:

Signature:

 (Party Leader)

Date:

Signature:

 (Headteacher)

Date:

The proposed EV form, all risk assessments and supporting information should be retained by the school for legal and audit purposes.

For residential and overseas visits and adventurous activities the Health, Safety and Wellbeing Team require notification using a copy of the proposed EV form. All notifications must be received by the team with **at least 20 school days notice**. This period does not include holidays, training days or weekends.

NO RISK ASSESSMENTS OR OTHER SUPPORTING INFORMATION IS REQUIRED BY THE HEALTH, SAFETY AND WELL BEING TEAM.

Completed proposed educational visit forms should be sent to: Compliance Officer, EOTAS and forwarded to SBC.

List of Young People Taking Part

Visit/Journey to:

Date:

(must be included in the pack for each visit/journey)

Name:	Address:	Contact number:

Risk Assessment for Visits and Journeys

Visit/Journey to:

Date:

Age Range: Number of pupils: Number of accompanying Adults:

Aspect Use checklist to identify hazards	Satisfactory		Further Action Necessary	
	Yes	No Give details	What Completed	When
Special needs Medical considerations				
Assembling Dispersing				
Journey				
Working areas				
Activity organisation				
Seasonal considerations				
Equipment				



Staffing			
----------	--	--	--

Headteacher's signature:

.....

Leader/Co-ordinator: **Date:**

Parental Consent Form

(to be distributed with letter giving full details of the visit)

Centre:

.....
.....

1

Details of Visit:

.....

Date of Visit: **Time of Visit:**

.....

I agree that my child may take part in the visit and I have read the letter outlining all the relevant information.

I agree that my child may participate in the activities described.

I acknowledge the need for my daughter/son to behave responsibly.

2 Medical Information about your daughter/son

Are there any conditions requiring medical treatment, including medication?

Yes

No

If yes, please give a brief description:

.....

.....
.....

Is your child allergic to any medication?

No

Yes

If yes, please specify:

.....

.....
.....



When did your child have her/his last tetanus injection?
 (Date)

I will inform the Group Leader as soon as possible of any changes in medical or other circumstances between now and the commencement of the journey.

3 Declaration

I agree to my daughter/son receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.

Parent/Carer's signature:

Date:

.....

Full name:

.....

Contact Telephone numbers:

Work: Home: Mobile:

Home Address:

.....

...

Alternative Emergency contact:

Name:

.....

Work: Home: Mobile:

Home Address:

.....

...

Name of Family GP:

.....

Address:

.....

.....

Telephone Number:

.....

Parent/Carer's signature:

Date:

.....



Full name:

.....
.....

If, in an emergency, you need to contact the group please telephone your daughter/son's Centre:

Fernbrook College	01793 828941
Riverside College	01793 618406
GWH Hospital & Home	01793 604982
Adolescent Unit	01865 903680
Oakfield College	01793 953530

Please sign and return this Consent Form.

NB Your child will not be able to attend the visit/outing if we do not receive the completed form.

Date:



Dear Parents/Carers

Pupil name:

I am writing to advise you that I will be taking (group) to
..... on
.....

S/he will need (special kit, clothes, small amount of money, etc)

I am asking for a voluntary contribution of £..... towards the cost of this
visit/outing but this is not essential.

Yours sincerely

Group Leader

