

Application / Proposal for Educational Visit

Note: No financial or other commitments should be made before approval is obtained.

Visit / Project: (To be completed by Group Leader and sent to Headteacher/Head of Centre)

Group Leader & Deputy					
Purpose of the proposed visit and specific educational objectives.					
Principal place(s) to be visited					
Activities proposed					
Proposed date(s)		If a regular activity what is the regularity			
Departure Point(s)					
Size and composition of the group (indicate likely number if exact figures known)					
Age range		Numbers			
Adult / Pupil Ratio		Split	Boys		Girls
Activity Ratios					
Numbers with Special needs and / or disabilities and arrangements made					
Transport arrangements					
Where applicable: Transport company Contact Telephone / name					
Insurance – is Activity / Destination covered by IW Council Off-Site Policy (for advice contact IWC Risk Section on (01983) 823625 or rodwarne@iow.gov.uk)					
Yes		No		If "NO" alternative insurance cost / details of insurance should be sought before approval but no financial commitment made	

I request initial / final (*delete as applicable*) approval for the proposed visit, full details of which are outlined on this form; I also confirm that:

- all relevant Risk Assessments have been / will be completed prior to the date of the proposed trip
- relevant Consent forms will be obtained from Parents / Guardians prior to the trip taking place

Group Leader

Date

The Proposed educational objectives, leadership and arrangements for the above visit have been approved in accordance with the checklist for initial / final (*delete as applicable*) approval

Headteacher

Date of Approval

For those visits that fall into the following categories additional information is required before final approval may be given:

- Hazardous Activities (e.g. canoeing, sailing, skiing, etc. – see full list in Educational Visits Policy)
- Residential visits
- Visits "off –Island"
- Duke of Edinburgh's Award Expeditions

ADVENTUROUS / HAZARDOUS ACTIVITIES - Additional Information
(To be completed by Group Leader and sent to Headteacher/Head of Centre)

Details of Proposed Programme of Activity					
Details of Venue / Outdoor centre					
Address(es) of venue / site					
Contact number / name					
Is site(s) known to the Group leader?				Yes	No
Preliminary visit planned / undertaken?				Yes	No
Up to date information / Risk Assessments obtained / held?				Yes	
Is site within scope of Adventurous Activities Licensing Regulations?					
Yes		Licence no.			
Managers name					
Relevant experience, qualifications / specific responsibilities of other staff and non-staff adults, etc.					
Name(s)		Responsibilities			
For residential visits:					
Address(es) of accommodation					
Contact number / name					
Home Base Contact (if more than one attach additional information on separate form)					
Name					
Address	Work				
	Home				
Contact Numbers	Work		Home		Mobile

I request final approval for the proposed visit, full details of which are outlined on this form; I also confirm that:

- all relevant Risk Assessments have been completed
- relevant Consent forms will be obtained from Parents / Guardians

Group Leader

Date

The Proposed educational objectives, leadership and arrangements for the above visit have been approved and I am satisfied with all aspects, including planning, organisation and staffing

Headteacher

Date of Approval