

# **EDUCATIONAL VISITS POLICY AND GUIDANCE**

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Ratified by	Policy Committee
Date	November 2023
Produced by	School
SLT Responsible	Business Manager
Signature of Chair	
Signature of Headteacher	

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## **Introduction**

The scope of this policy is to assist the Governing Body and staff in understanding their roles and responsibilities and the School's expectations of how off-site visits, trips and activities (except sporting fixtures) will be managed.

Visits/trips are regarded as an essential part of the learning programme for all students and their purpose is;

- to enhance their learning through the provision of real or first-hand experiences
- to increase knowledge, understand and appreciation of the local environment, other cultures and real world learning
- to develop skills in observation, recording and reporting
- to develop potential, self- confidence, independence, sense of adventure and sense of responsibility, particularly towards their own safety and the safety of others
- to develop teamwork to learn to live and work with others

Just as all other elements in course programmes, educational visits should have clear, relevant and achievable aims and objectives.

## **Policy**

This Policy has been written using the following documents;

OEAP National Guidance

<http://oeapng.info>.

Hertfordshire Policy for the Management of Learning Outside the Classroom (LOTG) and Offsite Visits.

*If there appears to be any conflict between this guidance and the Fearnhill policy, clarification must be sought from Fearnhill's Educational Visitors Co-Ordinator (EVC).*

As a best practice measure Fearnhill School subscribe to and utilise the EVOLVE scheme which includes both the National Guidance and Local Authority guidelines for running trips and offsite visits. Fearnhill has appointed an EVC who is responsible for ensuring all administration and documentation is received on EVOLVE and that it meets required standards and deadlines.

## **Roles and Responsibilities**

The OEAP National Guidance sets out clear and detailed responsibilities and functions of specific roles

Governing Body – Section 3.4f and 3.1a

Headteacher – Section 3.4g

Educational Visits Co-Ordinator – Section 3.4j

Visit Leader – Section 3.4K

## **ESTABLISHMENT (Fearnhill School) PROCEDURES FOR ORGANISING EDUCATION VISTS**

This document is intended as a guide for staff organising a school trip and the National guidelines should be adhered to (see above).

### **Arranging an Educational Visit/Trip**

Follow the steps set out in the trips and visits organisational flow chart – Appendix 1

#### Approval to lead activities and visit

A Notification of day or residential trips form must be completed for each visit and submitted to the Headteacher for authorisation – Appendix 2. The school calendar must be checked to ensure no conflicts or clashes of dates prior to submitting the form.

#### Group Leader

Each visit/trip must have a designated Group Leader who has received and passed the appropriate training and must be a permanent member of School staff. The EVC will hold a matrix of competence for all staff.

Group leaders are held responsible for the whole trip including organisation, administration and supervision – they must be present at all times during the visit. It is advisable to appoint a “deputy” to cover any unforeseen event during the trip and to lead the visit if the group leader should be absent due to sickness or personal circumstances.

#### Supervision

The Group leader has overall responsibility for staff and students and should choose carefully the team he/she wishes to take. Staff should be well known to the students – this is particularly important for residential visits. Please note that the adults supervising the trip do not all have to be teachers and you could consider using support staff, Learning Support Assistants and parents.

Parents of students may be used as adult helpers, but will be required to undergo a police check for day trips or a DBS check for residential trips. Parents must not be allocated to the group that includes their own child. The EVC will maintain a register of adult helpers and evaluate their effectiveness. Further guidance is available from the National Guidelines, Section 3 roles.

Ratios -Student to staff ratios are followed as per the Hertfordshire County Council Educational Visits and Journeys Policy document and are listed below. These are examples only. Group leaders should assess the risks and consider an appropriate safe supervision level for their particular group. In addition to the group leader there should be enough supervisors to cope effectively with an emergency. When visits are to remote areas or involve hazardous activities, the risks may be greater and supervision levels should be set accordingly. The same consideration should be given to visits abroad, residential visits and some non-residential visits with mixed groups will need a teacher from each sex.

No. of students	No. of responsible adults
Up to 15	1
16 – 30	2
31 – 45	3
46 – 60	4
61 – 75	5
76 – 90	6
91 – 105	7
106 – 120	8

### Preliminary Visit

The group leader should undertake an exploratory visit, wherever it is possible, to ensure at first hand that the venue is suitable. This will also help when completing the risk assessment as the group leader will be able to:

- confirm health and safety arrangements are in place, including first aid provision
- obtain advice and information from the venue
- assess potential areas and levels of risk
- ensure that the venue can cater for the needs of the students and staff
- become familiar with the area

If an exploratory visit is not feasible then the group leader will need to consider how to complete an adequate risk assessment. For example, the venue itself may be able to provide a suitable assessment.

An exploratory visit should be undertaken for all new trips, venues, places not visited previously.

### External Providers

Where an External Provider/tour operator is being used for a visit, ie overseas visit, activities trip, residential trip the Group Leader should establish if the provider holds a Licence, LOTC Quality Badge and the use of these will reduce the need for forms, risk assessments etc. If not, the provider will need to complete a Provider Assessment Form (OV6 – Appendix 3).

Transport/Coaches – the school office will be able to obtain quotations and book coaches. If the establishment minibus is to be used only drivers who hold category D1 entitlement can drive the minibus. Please see National Guidance document 4.5c Transport in Minibuses for further guidance.

### Charging for Trips

Refer to Fearnhill Charging Policy. Details of making payment on line via Schoolcomms must be included in the letter home to parents in consultation with the Business Manager. Please see sample letter Appendix 8.

### Parental Consent

Written parental consent must be obtained for all visits/trips. It is essential that the Form OV 7A – Appendix 4 is used. If parents withhold consent absolutely, the child should not be taken on the visit. All adults attending a visit must also complete a consent form OV 7B – Appendix 5.

Medical consent – is given in Form OV7A and B. Parents sign to agree to their child receiving emergency medical treatment (e.g. anaesthetic or blood transfusion) as considered necessary by the medical authorities. If parents do not agree to this, the group leader may decide to withdraw the child from the visit, given the additional responsibility this would entail.

This information can be transferred onto for OV 8 – Appendix 6, by the Group leader and taken on the trip and a copy left with the member of staff acting as emergency point of contact at the establishment. Alternatively, the Group Leader should take copies of all consent forms on the trip with a complete set left at the establishment with the member of staff acting as emergency point of contact for the duration of the trip.

### Behaviour

Expectations of student behaviour whilst attending school visits should be made clear to parents and students and the Establishment reserves the right to remove a pupil who fails to follow the code of conduct. Residential and overseas trips should hold an information evening for students and parents It should also be

made clear to parents that some trips will have a limit to how many students can attend due to restrictions on accommodation etc.

#### Inclusion

Reasonable practical measures should be taken to ensure that all trips and visits include all young people, irrespective of special educational or medical needs, ethnic origin, gender or religion. Where necessary risk assessments must be completed in advance to account for difficulties any vulnerable students may encounter. A contingency plan must also be considered in case it is necessary to send/escort home any student under exceptional circumstances.

#### Administration of Medication on a trip

The School will encourage pupils with medical needs to participate in offsite visits. All staff accompanying such visits will be made aware of any medical needs and relevant emergency procedures.

Where necessary, individual risk assessments will be completed as part of the trip planning process.

The School will ensure that a trained member of staff is available to administer any specific medication (e.g. adrenaline pen etc.) and that the appropriate medication is taken on the visit.

Students with inhalers and epipens may carry and administer their own medication under the supervision of the trained member of staff

Medicines will be kept in their original containers (an envelope may be acceptable for a single dose-provided this is very clearly labelled).

Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc [4.4d](#) covering medication.

#### Risk Assessment

Risk assessments must be completed for **all** trips. Form OV4 – Appendix 7, will need to be completed, submitted to the EVC/Business Manager for approval and signed by the Headteacher

A formal assessment of the risks that might be met on a visit should have the aim of preventing the risks or reducing them. Pupils must not be placed in situations which expose them to an unacceptable level of risk. Safety must always be the prime consideration. If the risks cannot be contained then the visit must not take place.

The risk assessment should be based on the following considerations;

- what are the hazards?
- who might be affected by them?
- what safety measures need to be in place to reduce risks to an acceptable level?
- can the group leader put the safety measures in place?
- what steps will be taken in an emergency?

Ongoing risk assessment –The group leader and other adults should monitor risks throughout the trip and take appropriate action as necessary. In particular;

- check the weather forecast/condition if the activity is outdoors
- review all risk assessments/plans if the itinerary changes
- re-assess supervision levels if one-to-one supervision has to be given due to injury/illness or behaviour problems

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Generic risk assessments – are available for staff to use and adapt as required and cover such activities as coach and minibus travel.

Individual risk assessments – Consideration must be given to any student who may have an individual need, i.e. a behavioural problem that may put themselves or others on the trip at additional risk, or a physical impairment that requires consideration. An individual risk assessment will be required, Form OV5 – Appendix 8.

#### Emergency Planning

Arrange for a member of Senior Leadership Team to act as point of contact in the case of an emergency. It is recommended that the Group Leader takes an Emergency event card with them on all trips. See also Emergency Planning and Critical Incident Policy.

#### Insurance

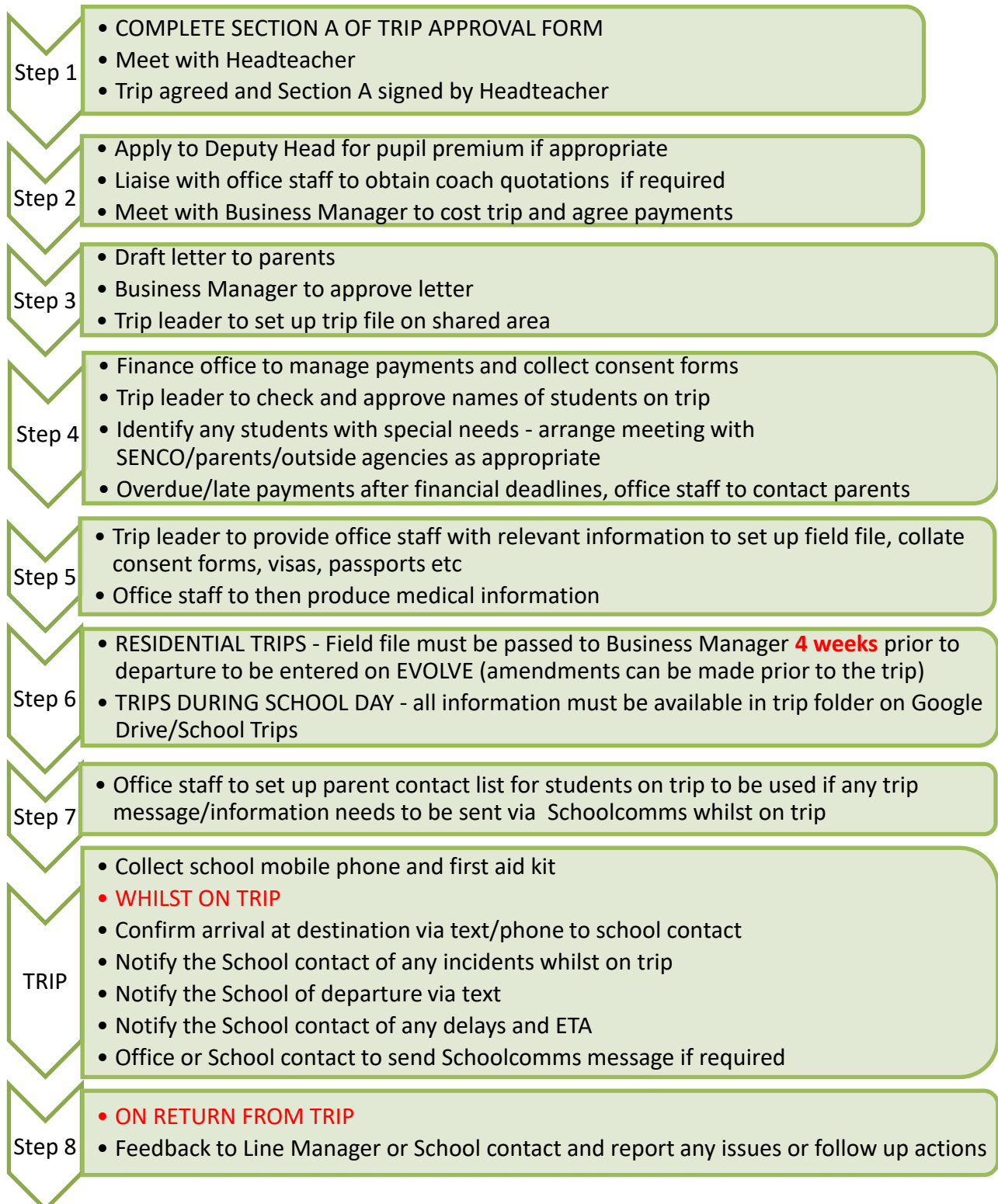
Trips are covered under the Annual Travel Scheme for School off site activities. If the trip includes adventurous activities an additional premium may be required – please see EVC.

<b>Appendix 1</b>	TRIPS AND VISITS ORGANISATIONAL FLOW CHART
<b>Appendix 2</b>	TRIP APPROVAL FORM
<b>Appendix 3</b>	PROVIDER ASSESSMENT FORM – OV6
<b>Appendix 4</b>	PARENTAL CONSENT FORM – OV7A
<b>Appendix 5</b>	ACCOMPANYING ADULTS CONSENT FORM – OV7B
<b>Appendix 6</b>	SUMMARY INFORMATION – OV8
<b>Appendix 7</b>	RISK ASSESSMENT – OV4
<b>Appendix 8</b>	INDIVIDUAL RISK ASSESSMENT – OV5
<b>Appendix 9</b>	SAMPLE LETTER (including payment arrangements)



### Trips & Visits Organisational Flow Chart

After discussion with Line Manager, the following process applies







**TRIP APPROVAL FORM**

<b>SECTION A – AUTHORISATION – Please give as much notice as possible</b>								
Proposed date of trip		Check on-line calendar <input type="checkbox"/>	Request JS to update <input type="checkbox"/>	Calendar updated JS <input type="checkbox"/>				
Place of Visit								
Purpose of Visit								
Year Group:			No of students (approx.)					
Trip Organiser								
Trip Leader (if different)								
Names of staff accompanying	Cover requirements							
Attach separate sheet if necessary	AM/Reg	Pd1	Pd2	Pd3	Pd4	PM/Reg	Pd5	Duty
Cost Implications								
Checked and logged:								
Signed:	Susan Charter							
Authorisation:	Headteacher							

<b>SECTION B TO BE COMPLETED BY GROUP LEADER <i>after authorisation</i></b>			
<b>Transport Arrangements</b>			
Coach <input type="checkbox"/>	School Mini Bus <input type="checkbox"/>	Walking <input type="checkbox"/>	
Company:	Driver	By parents <input type="checkbox"/>	
.....	.....	Staff cars <input type="checkbox"/>	
Tel No: .....		Train <input type="checkbox"/>	
<b>Timings</b>			
Depart	Return	Any other info	
<b>GROUPS/STAFFING</b>			
No Students:	Age Range:	Male:	Female:
Trip Leader:		Contact Details	
Other accompanying adults:	Support/Parent/Volunteer	EVC to complete levels	
Person responsible for first aid		Contact Details:	
Staff Ratio .....		<i>Please refer to Guide to Organising a Trip for ratios.</i>	
<b>EMERGENCY CONTACT</b>			
During school hours			



Outside of school hours		
<b>PARENTAL CONSENT FORMS</b>		
Are parent consent/medical forms required	<b>Yes</b>	

<b>PROPOSED COSTS</b>			
Train	£	If no cost to students, details of funding/subsidy:     Amount: .....	
Parking	£		
Entrance fees	£		
Supply cover	£		
Sundries	£		
Refreshments	£		
Other	£		
Total Estimated Cost	£	Pupils on trip:	Per Student:
Pupil Premium	£	Details:     Signed: ..... T Spencer	
<b>Organising company (if any)</b>			
Name:			
Address:			
Telephone No: Licence No if registered (Please see HR)			
<b>Accommodation to be used (if applicable)</b>			
Name:			
Address:			
Telephone No:			
<b>Existing knowledge of places to be visited or if preliminary visit required</b>			
<b>Details of programme of activities</b>			
<b>Trip File to be created on shared area</b>			
All trip information complete			
Complete all necessary risk assessments			
Notify Hazel Rainbow when complete			
Residential trips – must be completed 4 weeks prior to trip			
Checked HR			
<b>Insurance</b>			
Insurance provided by Hertfordshire County Council Visits and Journeys Policy 001056515			
<b>To be completed by EVC</b>			
Risk Assessments approved and signed <input type="checkbox"/> H. Rainbow			



Additional Insurance required

Yes/No

Trip entered on Evolve

Yes/No

☐

H. Rainbow

Approved:

.....Headteacher.....

Date: .....



## PROVIDER ASSESSMENT FORM (OV6)

**For completion by 'external providers' used by  
Hertfordshire County Council establishments**

***Hertfordshire recognises the LOTC Quality Badge scheme.***

Providers that hold a current LOTC Quality Badge and are to be used by establishments from Hertfordshire County Council, are not required to complete this form.

Apart from national providers e.g. Science Museum, Royal Festival Hall, London Zoo, public buildings and facilities, and theatres, cinemas etc. licensed by their local authorities, providers that do not hold a LOTC Quality Badge may be required to complete and return this form in advance of the establishment making a commitment.

Establishment ..... Staff member in charge.....

Date(s) of visit..... Name of provider .....

The provider or tour operator providing services to the establishment named above is asked to give careful consideration to the statements below and sign in the space at the end of the form to indicate that the standard of service will meet the conditions listed. Please tick all specifications you can meet, indicate by a cross any you cannot meet, and write N/A against any specifications which do not apply to your provision.

Section A should be completed for all visits. Sections B (adventure activities), C (tour operators) and D (expeditions) should also be completed if applicable.

### SECTION A - ALL VISITS

#### Health, Safety, and Emergency Policy

1. The provider complies with relevant health and safety regulations, including the Health and Safety at Work Act 1974 and associated regulations for visits taking place in the UK, and has a health and safety policy and recorded risk assessments which are available for inspection. ☐
2. Accident and emergency procedures are maintained and records are available for inspection. ☐

#### Vehicles

3. All vehicles are roadworthy and meet the requirements of relevant regulations in the country in which they are being used. ☐

**Staffing**

4. All reasonable steps are taken to check staff who have access to young people for relevant criminal history and suitability to work with young people. ☐
5. There are adequate and regular opportunities for liaison between establishment staff and the provider's staff and there is sufficient flexibility to make changes to the programme if necessary and the reasons for such changes will be made known to establishment staff. ☐
6. The provider has never been dismissed from any employment or had a contract ended ☐

**Insurance**

7. The provider has public liability insurance for at least £5 million with a clause giving 'indemnity to principal'. ☐

**Accommodation** (if provided)

8. Within the UK, the premises have been subject to a Fire Risk Assessment under the regulatory reform (Fire Safety Order) or, outside the UK, comply with fire, health and safety regulations in the country concerned. ☐
9. There are appropriate security arrangements to prevent unauthorised persons entering the accommodation. ☐
10. Separate male and female accommodation and washing facilities are provided and staff accommodation is close to participants' accommodation. ☐
11. The premises have adequate facilities to cater for those with disabilities. ☐

*Please give details:*

**SECTION B - ADVENTURE ACTIVITIES AND FIELD STUDIES IN OUTDOOR ENVIRONMENTS**

12. Adventure Activities Licensing Authority (AALA) Licence covering dates of visit ☐ YES ☐ OUT OF SCOPE

13. If YES, AALA Registration and Licence number R .....

For AALA licensable activities in the UK, the specifications in this section are checked as part of the AALA inspection. However, providers licensed with AALA are asked to consider these specifications with respect to any activities or aspects of provision not covered by the licence.

**Activity management**

14. The provider operates a policy for staff recruitment, training and assessment which ensures that all staff with a responsibility for participants are competent to undertake their duties. ☐
15. The provider maintains a written code of practice for activities which is consistent with relevant National Governing Body guidelines and/or, if abroad, the relevant regulations of the country concerned. ☐

16. Staff competencies are confirmed by appropriate National Governing Body qualifications for the activities to be undertaken, or staff have had their competencies confirmed in writing by an appropriately experienced and qualified technical adviser. ☐
17. Where there is no National Governing Body for an activity, the provider has a Code of Conduct for that activity which is in line with current good practice within the UK, and this includes appropriate instructor competencies. ☐
18. Participants will at all times have access to a person with an appropriate First Aid qualification. Staff are practiced and competent in accident and emergency procedures. ☐
19. There is a clear definition of responsibilities between providers and visiting staff regarding supervision and welfare of participants. ☐
20. All equipment used in activities is suited to task, adequately maintained in accordance with statutory requirements and current good practice, with records kept of maintenance checks where necessary. ☐

#### **SECTION C - TOUR OPERATORS**

21. Where a tour operator delivers services to establishments using other providers e.g. ski establishments, transport operators or accommodation, the tour operator must ensure that each provider meets the relevant specifications outlined in Sections A and B of this form and that these providers operate to standards which meet the relevant regulations which apply to the country of operation.
22. Sections A and B of this form, as appropriate, have been completed to show that checks have been made. Records are available for inspection. ☐
23. The Tour Operator complies with the package travel regulations, including bonding to safeguard customers' monies. ☐
24. ATOL, ABTA or other bonding body name and numbers .....

#### **SECTION D - OVERSEAS EXPEDITIONS**

25. The provider complies with 'Guidance for Overseas Expeditions, Edition 4 ('GOE4'). ☐
- (See under 'Resources' tab under 'Guidance, Policies & Documents', under 'Resources' tab on Herts EVOLVE)

If any of the above specifications cannot be met or are not applicable, please give details:

Details of any other accreditation, e.g. with National Governing Bodies, tourist boards, etc.

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## **DECLARATION**

**I hereby certify that I am an authorised signatory to enter into this Agreement and to bind the said company, firm, person or corporation to the terms and conditions herein.**

Signed ..... Date .....

Name (print) ..... Position in organisation.....

Full name and address of company, firm, person or corporation .....

Tel ..... Fax .....

E-mail .....

**APPENDIX 4**

**FORM OV 7A (CSF4258)**
**EVENT-SPECIFIC PARENTAL CONSENT FORM**

(This form should be amended as required to make it best fit for each specific event or purpose for which it is to be used.)

**Establishment:**
**To be completed by visit leader/organiser**

Visit:		
Visit Leader:		
Date of Visit:	From:	To:
Is a photograph of participant required:		Yes / No

**To be completed by person with parental responsibility for the child/young person.**

<b>Child/Young Persons Full Name:</b>	
<b>Date of Birth:</b>	<b>Passport No. (required Y?N)</b>
Does the above person: <ul style="list-style-type: none"> <li>Have a medical condition requiring medical treatment or medication? Y/N</li> <li>Have an allergy to certain medications? Y/N</li> <li>Is s/he able to administer her/his own medication? Y/N</li> </ul>	
Please give details of medical condition/treatments or allergies to medications below:	
Has s/he received a tetanus injection in the last 5 years? Y/N Has s/he been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N If yes, give details:	
Does s/he have any special dietary requirements? Y/N If yes, give details:	





I wish to draw the following to the visit leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

**Swimming Ability \***

I confirm that \_\_\_\_\_ is / is not\* water confident and able to swim 25 metres.

*\* Delete as applicable*

**HOME AND EMERGENCY CONTACT INFORMATION**

(Must be contactable for the duration of the visit / activity)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:		
Day		
Evening:		
Other:		

**FAMILY DOCTOR DETAILS**

Name:

Address:

Telephone Numbers:

Child / Young Person's NHS number (if known)

**Declaration by person with parental responsibility for the child/young person.**

- I have received and fully understood the details of the proposed visit/activity
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged
- I understand the extent and limitation of the insurance cover provided
- I agree that (full name of child/young person) \_\_\_\_\_
  - can participate in the visit and activities described
  - can be transported in the private vehicles of staff/volunteers supervising the visit where necessary
  - is in good health and fit to participate in the activities described
  - can receive medical treatment as necessary
- I undertake to inform the group leader of any change in medical circumstances prior to the activity date
- I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect. In the event that their behaviour is not acceptable, I acknowledge that it is my responsibility to make arrangements for them to be collected and cover any associated costs.

**Permission for use of images of participants (optional)**

I do / do not\* (*\*delete as applicable*) give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.

Signed:	Name in Capitals:	
Relationship	Date:	
Where required, has a passport sized photograph been attached / provided	Yes / No / Not required	

**The information on this form should be retained by the establishment's emergency contact.**

**A copy may be taken by the visit leader on visits outside the UK.**



APPENDIX 5



FORM OV 7B (CSF4259)

SELF-CONSENT FORM FOR ADULTS  
(or young people living independently)

Establishment:

To be completed by visit leader/organiser

Visit:		
Visit Leader:		
Date of Visit:	From:	To:
Is a photograph of participant required:		Yes / No

To be completed by participant.

Full name:	Date of Birth:
	Passport Number (where required)
Do you: <ul style="list-style-type: none"> <li>Have a medical condition requiring medical treatment or medication? Y/N</li> <li>Have an allergy to certain medications? Y/N</li> </ul> Please give details of medical condition/treatments or allergies to medications below:	
Have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N If yes, give details:	
Have you supplied details of your Inoculations record with this form? Y/N	



Do you have any special dietary requirements? If yes, give details:	Y/N
I wish to draw the following to the group leaders attention (e.g. allergies, phobias, recent operations and treatments, conditions which may affect fitness to participate in certain activities):	
<b>SWIMMING ABILITY:</b> (only applicable if water-based activities are planned. Are you water-confident / competent?)	

EMERGENCY CONTACT INFORMATION		
Name: Relationship:  Address:   Telephone Numbers:      Day: Evening: Other:	MAIN	ALTERNATIVE
FAMILY DOCTOR DETAILS		
Name: Address:   Telephone Numbers: NHS Number (if known)		

**DECLARATION**

I have received and understood the details of the visit.

I confirm that I am in good health and fit to participate in the activities described.

I agree to receive medical treatment as considered necessary by the medical authorities present.

I undertake to inform the visit organiser as soon as possible of any change in medical circumstances between the date signed and the commencement of the event.

Signed:

Date:

Name in Capitals:

Address:

Postcode:

Telephone No:

**The information on this form should be retained by the establishment's emergency contact.**

**This form or a copy may be taken by the visit leader on visits outside the UK.**

**APPENDIX 6**

**FORM OV 8 (CSF4262)**
**SUMMARY INFORMATION FOR VISIT PARTICIPANTS (Data Protection compliant)**
**Establishment:**
**Transport:** details of vehicles / registration numbers  
where known:

**Visit:**

Information for all participants, including supervisors (staff and volunteers), should be included on this form.  
For visits within the UK, this summary form may be taken on the visit/activity instead of individual consent forms.

FORENAME	SURNAME	*DATE OF BIRTH	EMERGENCY CONTACT NAME & TELEPHONE NUMBER	OTHER RELEVANT INFORMATION (E.G. MEDICAL)

\* If required



FORENAME	SURNAME	*DATE OF BIRTH	EMERGENCY CONTACT NAME & TELEPHONE NUMBER	OTHER RELEVANT INFORMATION (E.G. MEDICAL)

\* If required


**FORM OV 4 (CSF4255)**
**RISK ASSESSMENT FORM**

(Focus on the things over which you have control)

**Establishment:**

<b>ACTIVITY:</b>		<b>Group Leader:</b>		
<b>Visit Details:</b>			<b>Date of Visit:</b>	
<b>Assessment by:</b>		<b>Date:</b>	<b>Target Date for review:</b>	
<b>Approved by:</b>		<b>Position:</b>		<b>Date:</b>
<b>Significant Hazards and Associated Risks</b> Those hazards which may result in serious harm or affect several people	<b>Those who might be harmed</b> Persons at risk from the significant hazards identified	<b>Control Measures(CM's):</b> Controls, including relevant sources of guidance (e.g. Guidance from Provider, etc.). Specific CM's not included in the generic RA (e.g. briefings, actions by leaders / participants, qualifications / experience of supervisors)		<b>Additional CM's required?</b> If existing CM's cannot be met or circumstances have changed
				<b>Residual Risk Rating (H / M / L)</b>



<b>REVIEWS:</b>				
<b>DATE OF REVIEW:</b>	<b>REVIEWED BY:</b>	<b>COMMENTS:</b>		
<b>DATE OF REVIEW:</b>	<b>REVIEWED BY:</b>	<b>COMMENTS:</b>		
<b>DATE OF REVIEW:</b>	<b>REVIEWED BY:</b>	<b>COMMENTS:</b>		

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**Notes for guidance:**

- Focus on *significant* hazards and associated risks over which Group Leaders / Group Members have control
- Control Measures should be simple and easy to understand
- Include reference to external guidance from providers / LA as part of Control Measures (CM's), where relevant. Also, CM's not included in the Generic Risk Assessment, briefings, actions by leaders and participants, qualifications / experience of supervisors
- Consider the key variables: **Staffing; Timing; Activity; Group; Environment; Distance** from support (STAGED)
- Compile Risk Assessments with contributions from as many people concerned as practicable, including participants
- Ideally, each Risk Assessment should be no longer than one side of A4
- Ensure, as far as is appropriate, that understanding of the Risk Assessments is shared across all members of the group
- Include Additional CM's if generic CM's are insufficient, existing CM's cannot be met or circumstances change
- Review the Risk Assessments after any incident and as a matter of routine on an annual basis

**Definitions:**

- **Hazard** Anything with the potential to cause harm
- **Risk** The likelihood that someone may be harmed by the hazard
- **Significant** A hazard is significant when either it may cause *serious* harm to an individual or it may harm *several* people
- **Control** Arrangements in place to reduce / manage the risk
- **Measures**

**Reducing the Risks:**

- ✓ Experienced and competent leaders
- ✓ Improve briefings
- ✓ Apply stricter supervision ratios
- ✓ Separate people from the risk
- ✓ Reduce the period of exposure to the risk
- ✓ Provide PPE
- ✓ Use alternative method
- ✓ Increase training and qualification of leaders
- ✓ Specify higher competence level of participants
- ✓ Discontinue the activity


**FORM OV 5 (CSF4256)**
**INDIVIDUAL RISK ASSESSMENT AND ADDITIONAL SUPPORT**

(Please attach any additional supporting information as appropriate.)

**Establishment:**
**Visit:**

<b>Name of Individual:</b>	
<b>Date of Birth:</b>	

**1. Risk to self**

Please describe additional needs which need to be accommodated due to this individual taking part in the activity / project / visit. This should include potential risky behaviours, vulnerabilities, medical needs, physical limitations and other characteristics as specifically as possible.

**2. Circumstances, situations or times at which there is an increased risk or need for additional support. (This should also include any likely triggers)**

3. **Support plan and strategies for minimising risks identified above:**  
(If necessary this should include who will be responsible for providing support)

4. **Where applicable, brief details of conversations with parents / guardians and individual to support the above plan.**  
(In the event of young person taking medication, there needs to be clarity as to whether medication is to be self-administered and responsibility for its storage.)

Signed .....

Name: .....

Date .....

DATE

Dear Parent/Carer

Re: Trip to

*Opening paragraph about the trip, ie*

An exciting opportunity has arisen .....

*Details of the trip*

Including date, time of departure, arrival back at school, transport arrangements, need to bring packed lunch, spending money, mobile phone, specific clothing.

The cost of this trip will be £0 per student and includes coach costs and entrance tickets. Payment can only be accepted via the School Gateway and will be required by DATE. If you have any concerns about payment for this trip, please contact Mrs Rainbow to discuss in confidence.

*Alternatively letters can include payment plan, ie*

*2<sup>nd</sup> instalment of £50 due by DATES*

*3<sup>rd</sup> instalment of £75 due by*

As you have previously completed a global consent form for school trips and other off site activities for your child you will have already given your permission for them to participate in this trip, but please inform the school office if any of your contact details have changed. You will be asked to complete a consent form if this is not the case.

*Residential trips – need a consent form.*

*Closing paragraph if a second letter is going home*

*A letter detailing final arrangements for this trip will be sent home prior to the trip*

**TO BE INCLUDED ON ALL TRIP LETTERS**

We look forward to an enjoyable trip where we expect the same high standards of behaviour as in School. The School reserves the right to withdraw any student at any time if their behaviour does not meet our expectations and in accordance with our policy.

Yours