

Form of Application

for formal approval of Educational Excursions Residential and Overseas

PLEASE USE BLACK INK AND BLOCK LETTERS

Name of Establishment

This application form, when completed by the Group Leader , or co-ordinator will provide information to the Head of Establishment which is essential before deciding on approval. Not all sections will be relevant to every proposed visit or journey.

This form should be completed by the group leader or co-ordinator of a proposed visit and submitted to the Head of Establishment for approval at the earliest possible time. When approval is given, one copy should be retained by the Head of Establishment and another by the group leader or co-ordinator .Any subsequent changes in planning, organisation, staffing etc. must be communicated to the Head of Establishment for approval and the education department must be informed of changes to all residential and overseas visits.

Purpose of proposed visit and specific educational objectives

Places to be visited

Date leaving	Time
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Date returning	Time
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Note: No financial or other commitments should be made before approval is obtained

Transport arrangements – please include the name and address of any transport company/establishment

Name of organising company/agency (if appropriate)
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Proposed financial arrangements

Insurance arrangements for ALL members of the proposed group, including voluntary helpers .

East Renfrewshire Council Insurance Policy

No other Insurance Policy should be taken with any other insurance company

Accommodation to be used:

Name: _____

Address: _____

Phone: _____ Fax : _____

Name of establishment (If available) _____

Details of proposed travel arrangements. Please include the name and address of the travel company:

Programme of activities – a detailed programme **MUST** accompany this request. This can be in draft form although a copy of the final programme **MUST** be provided prior to departure. Parents/Guardians **MUST** be aware of any activities and have given written permission to participate.

Appendix 2 (cont'd)

Details of any hazardous activity and the associated planning, organisation and staffing proposed: There must be strict adherence to Standard Circulars and Health and Safety documents regarding activities undertaken plus written parental/guardian permission received.

Names, relevant experience and qualifications and specific responsibilities of STAFF accompanying the party.

Give name of party leader:

Names, relevant qualifications and specific responsibilities of other ADULTS accompanying the party:

NOTE: ALL ADULTS WORKING/VOLUNTEERING MUST BE VETTED BY DISCLOSURE SCOTLAND

Name, address and telephone number of the contact person in the home area who holds all information about the visit or journey and details of who is providing 24 hours cover:

Size and composition of the group:

Age range _____

Number of boys _____

Number of girls _____

Number of male leaders _____

Number of female leaders _____

Adult/pupil ratio _____

Leader/participant ratio _____

Note: All staff, leaders and adult helpers must have completed a Disclosure (Scotland) form and have a satisfactory check carried out prior to participating in activity.

Existing knowledge of places to be visited and whether a preliminary visit is intended:

Appendix 2 (cont'd)

Parental/guardian consent(including swimming consent form if required).

Forms completed

Not completed

Please attach copy of information sheet sent to parents/guardians and the parental/guardian consent form

Names of persons with additional support needs or who have disabilities or those requiring medication

TO THE HEAD OF ESTABLISHMENT

I request approval for the proposed visit, full details of which are outlined above.

Signed _____ Group Leader Date _____

THIS SECTION TO BE COMPLETED BY THE HEAD OF ESTABLISHMENT

1. I have studied this application and am completely satisfied with all aspects including the planning, organisation and staffing.

Approval is given

2. To the Group leader

- a. Please ensure that I have all relevant information including a final list of members and a detailed itinerary at least 7 days before the party is about to leave.
- b. You report an evaluation of the visit including details of any incidents and should be with me as soon as possible but no later than 14 days after the group returns.
- c. **If your visit is residential or overseas a copy of your report should be forwarded to the Health and Safety Advisor, Education Department, EI&S unit, St.John's Campus, Commercial Road, Barrhead.**

Signed _____

Date _____

THIS SECTION TO BE COMPLETED BY THE HEAD OF EDUCATION SERVICES

1. I endorse this application and approve the excursion /exchange to take place.
2. Strict adherence must be given to ensure Council Policies and Health and Safety requirements are fully implemented.

Signed _____ Date _____

Note: A copy of the completed application form and details of any subsequent changes should be retained by the Head Teacher.

