



Educational Visits – Policy and Procedures

Introduction:

1.1 Educational visits are activities arranged by or on behalf of the School, and which take place outside the School grounds. The Governors and teaching staff believe that off-site activities can enrich the curriculum by providing experiences which would otherwise be impossible. We believe that all off-site activities must serve an educational purpose, enhancing and enriching our children's learning experiences.

In this policy, read with supporting appendices/paperwork, we seek to establish a clear and coherent structure for the planning and evaluation of our educational visits, and to ensure that any risks are managed and kept to a minimum, for the safety and health of all pupils at all times. Within these limits, we seek to make our visits available to all pupils, and wherever possible to make them accessible to those with disabilities. The visits usually take place within the School day, but some will happen out of normal school hours.

1.2 The aims of our educational visits are to:

- Enhance curricular and recreational opportunities for our pupils
- Provide a wider range of experiences for our pupils than could be provided on the school site alone
- Promote the independence of our children as learners, and enable them to grow and develop in new learning environments.

These visits begin with short excursions into the local area in the Early Years, and progress to a residential experience towards the end of Year 4 & 6.

1.3 Curriculum links:

Each term the school plans a curriculum which is linked to a topic. Within this planning, the school embraces the **Hanwell Pledge** and will audit where the pledge is met.

Our Pledge, pupils are guaranteed to:

- Go on a cultural visit for enjoyment;
- Perform in front of an audience;
- Read a book a term;
- Represent the school to visitors, in a competition or as part of a team;
- Meet someone inspirational;
- Go on a residential trip;
- Visit somewhere outside of Banbury;
- Take part in an extended project or charity work;
- Experience the Forest School curriculum.



For each subject in the curriculum, we aim to develop and offer a corresponding programme of activities (which includes visits to the School by specialists). For example:

- English – theatre visits, visits by authors, poets and theatre groups
- Science – use of the School grounds, visits to local parks, botanical gardens
- Mathematics – use of shape and number trails in the local environment
- History – castle visits, study of local housing patterns, local museums
- Geography – use of the locality for fieldwork, village trails
- Art and design – art gallery visits, use of the locality
- PE – a range of sporting fixtures, extra-curricular activities, visits by specialist coaches
- Music – a variety of specialist music teaching, extra-curricular activities, local schools' orchestra, concerts for parents and carers to hear
- Design and technology – visits to local factories or design centres
- ICT – its use in local shops/libraries/secondary schools, etc
- PSHE and citizenship – visit to the fire station or a senior's residential home, visits by local police officers and health workers.

1.5. Residential activities

Children have the opportunity to take part in a residential visit. This activity is in mainly in school time and linked to the National Curriculum areas and we believe enrich our pupils in experiences they may never have the opportunity to try.

We do make a charge for cost of travel, board and lodging, and specialist instruction for certain activities. The school will cover insurance costs. Parents or carers can ask for financial support by applying to the Head teacher (*see Charges Policy*)

No child may be excluded from an activity because of the unwillingness or inability of the parent to make a contribution. Parents and carers will be informed of this principle through the School Parents Handbook and letters sent home about intended visits

The residential visit enables children to take part in outdoor and adventure activities as part of their PE work. We provide qualified instructors for all specialist activities that we undertake.

1.4 How visits may be authorised :

The Head Teacher will appoint a party leader to be responsible for running the activity. This will normally be a teacher employed at the School. The School's educational visits coordinator (V Tomlin), will be involved in the planning and management of educational visits.

This will include:

- Ensure that risk assessments are completed
- Support the Senior Team in their decisions on approval
- Assign competent staff to lead and help with trips
- Organise related staff training



- Verify that all accompanying adults, including private car drivers, have had enhanced checks (safeguarding) and that the letter from our coach company assures us that their drivers, too, have had police checks
- Make sure that all necessary permissions and medical forms are obtained
- Keep records of visits, and ensure that there are regular generic assessments of the risks (e.g. road-crossing) where there are frequent visits to local venues (e.g. a swimming facility).

All trip paperwork must be completed and sent to the EVO, **after the approval form is completed and signed off.**

1.5 Accessibility:

It is our policy that all children should be able to participate in educational visits. Where a child with a disability is eligible for a trip, we will make every effort to ensure that s/he is included. We may seek guidance from parents or carers to help us to adapt our programme, and we will make any reasonable adjustments to our itinerary to include a child with disabilities. Any such adjustments will be included in the risk assessment.

1.6 Risk assessment (see appendices)

A comprehensive risk assessment is carried out by the group leader before the proposed visit. It will assess the risks which might be encountered on the visit, and will indicate measures to prevent or reduce them.

The risk assessment should be based on the following considerations, including travel:

- *What are the hazards?*
- *Who might be affected by them?*
- *What safety measures are needed 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?*

Venues providing instructor-led activities will have their own risk assessments for particular sessions, and these assessments may be adopted if it is impractical for the group leader to experience the activity beforehand, or if s/he lacks the skills required to make informed judgements about the risks it may involve.

The Headteacher will not give her approval for the visit unless it is satisfied with the venue, its instructors and their risk assessment procedures.

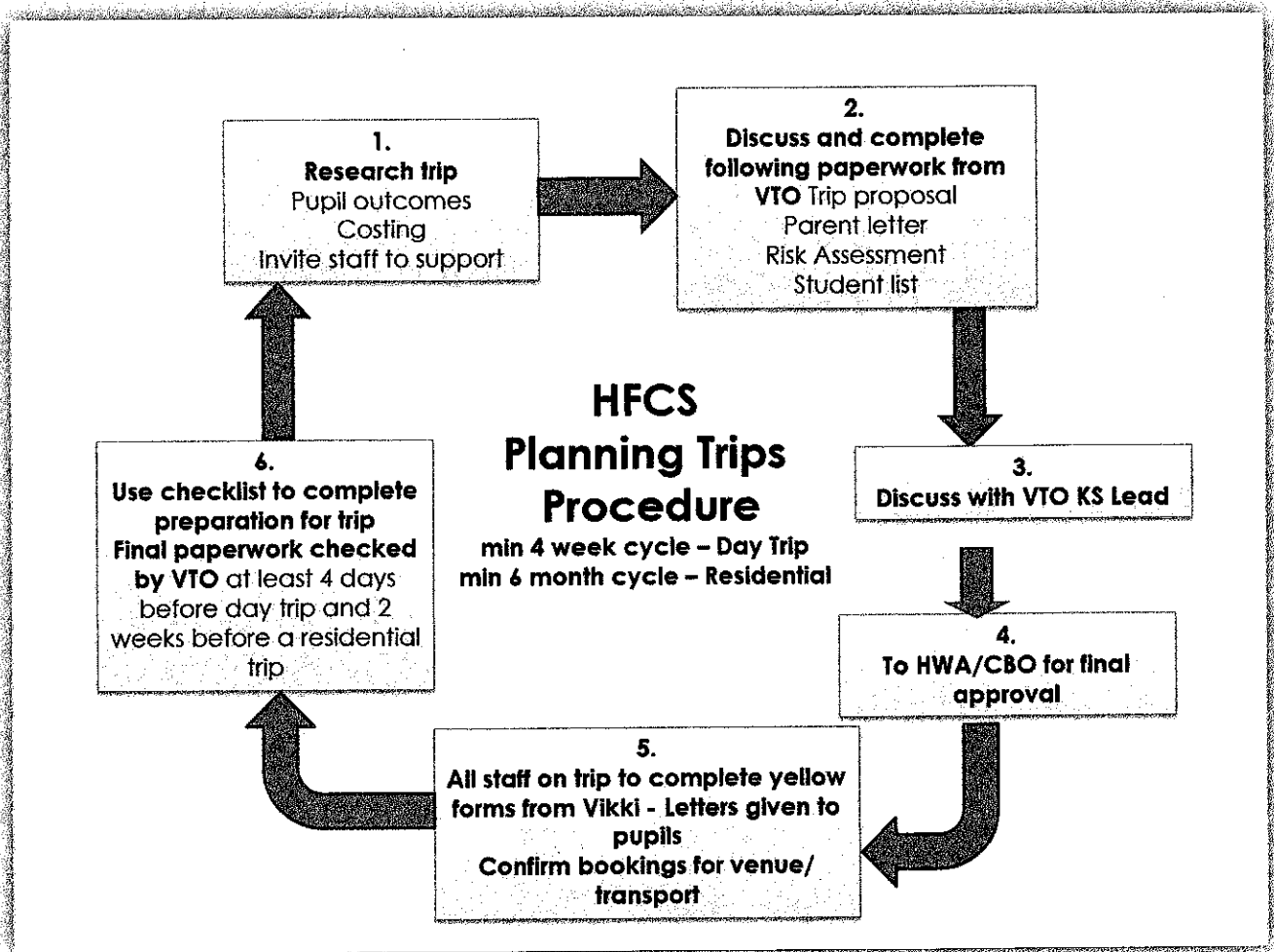
Prior to an activity, if it is felt that the behaviour of an individual child is likely to compromise the safety of others or the good name of the School, the party leader should discuss with the Head Teacher the possibility of excluding that child from the activity.



1.7 Evaluation of trips

In order to review effectiveness of trip offered, staff will be asked to evaluate their trips and visits. This evaluation will help inform future opportunities.

Flow Chart of procedures:



Appendices Attached:

- 1- Visit Proposal Form
- 2- Risk Assessment Form
- 3- Parental Consent Forms
- 4- Pupil Trip Register
- 5- Evaluation Form



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The best in everyone™
Part of United Learning

HFCS educational visit proposal

Visit leader			
Subject area:		Date of visit:	
Year group:		Number of pupils:	
Staff:		Staff: pupil ratio (lowest ratio not less than 1:8 EYFS/KS1/LKS2)	

Visit to:

Purpose:

Curriculum link:

Project/ activity (incl free time and potentially hazardous activities)			
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Departure time:		Time of return to Academy:	
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Visit costs

Expected income		Expenditure (name of companies used)	
Pupils contribution		Travel	
Fundraising		Admission	
Sponsorship		Teacher cover (ext.)	
Other (state - budget etc.)		Other (state)	
Total income		Total Expenditure	
		Total income - less expenditure	

VTO Authorisation KSL/ Manager Authorisation

Signature	Signature	Budget /Area.....
Name	Name	Budget Holder
Date	Date :	

Paperwork to be submitted in addition to this proposal to Principal – letter to parents, risk assessment, student list.

Approval by HWA :

Date:

Control Measures for assessed risks

(To be made evident to all people before use of facilities through pre-trip briefing etc):

Hanwell Fields Educational Visits Risk Assessment

Trip:	Assessed by: (print and sign)	Date:
Location/ s:		

Description of activity:

Hazards identified: continue on another paper if necessary

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Risk (Numbering based on Hazards identified above. Consider <u>worst case scenario</u> for seriousness of risk)	Risk To...			Seriousness of risk 1 - Minor non-immobilising injury or trauma not requiring hospital treatment 2 - Non-immobilising injury or trauma but requiring hospital treatment 3 - Immobilising injury or trauma requiring hospital treatment 4 - Severe injury or trauma requiring urgent hospital treatment 5 - Very severe life-threatening event	Likelihood of risk 1 - Highly unlikely 2 - Unlikely 3 - Possible 4 - Likely 5 - Very likely	Risk score S x L = risk score	Control measures to reduce assessed risks
	People	Equipment	Venue				

Trip Consent Form - Residential

Name of pupil:		Year / Class :	
Proposed visit to:		Cost of Trip:	
Day and date of departure:		Departure time:	
Day and date of return:		Return time:	
Passport number: if req.		Insurance no:	
European health card (EHIC) no:		Date of Birth:	
Parent / Guardian Contact Details			
Name of Parent / Guardian:			
Home Address:		Home Telephone Number:	
		Mobile Telephone Number:	
		Work Telephone Number:	
Alternative Emergency Contact			
Name of Contact:		Relationship to Student:	
Home Address:		Home Telephone Number:	
		Mobile Telephone Number:	
		Work Telephone Number:	
Pupil Medical Information			
A.	Does the pupil have any special dietary requirements? If so please state below		YES / NO
B.	Does the pupil have any conditions requiring / which may require medical treatment or medication? Please give details if yes.		YES / NO
C.	Has the pupil suffered from any of the following?		
	Asthma or bronchitis		YES / NO
	Heart condition		YES / NO
	Fits, fainting or blackouts		YES / NO
	Severe headaches or migraine		YES / NO
	Allergies to any known drug		YES / NO
	Other allergies, e.g. food, materials		YES / NO
Other illnesses or disability not named		YES / NO	
If the answer to any of the above is YES please give details below:			

Medical Information (cont'd)

D.	Is the pupil vaccinated against Tetanus?			YES / NO
	Date of Booster:		Date of Injection:	
E.	Is the pupil prone to Travel Sickness?			YES / NO
F.	Please give details below of your family's Doctor.			
	Name:			
	Address:			
	Telephone Number:			
G.	Does the pupil require any medication(s)?			YES / NO
	If yes please give full details below and include name of medication(s), dose and frequency of administration and if 'self-administered' is preferred (age appropriate).			
H.	Please write below any information which you feel may be of assistance to the staff in charge of an educational visit. (use additional paper if necessary)			

Swimming & Other Activities (Delete as appropriate)

I.	The pupil is able to Swim 50 meters?	YES / NO	Initial:		
	The pupil is confident in a pool?	YES / NO	Initial:		
	The pupil is confident in open inland water?	YES / NO	Initial:		
	The pupil is safety conscious in water?	YES / NO	Initial:		
J.	I agree to the pupil taking part in any / all of the activities (where applicable) contemplated as listed in the visit program, except for the following. (N.B. all additions, deletions or amendments to entries in the box below must be initialed by the parent)				
				Initial:	
				Initial:	

Signature of Parent/ Carer

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above. I have read and understood and I consent to the matters set out on the next page and in any other trip information (including any cover letter).

I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey.

Signed:			
Date:		Relationship to Pupil:	

Signature of pupil

I the above named pupil promise to observe the pupil code of conduct for visits, set out on the next page. I will do my best to ensure the safety of myself and other members of any party. I will obey the laws of the country. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the school.

Signed:		Date:	
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Parental / Carer Consent to: TO BE RETAINED BY PARENT

Transport

I consent to the pupil travelling by any form of private or public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorized by law and duly insured to drive.

Accident/illness

I consent to the pupil receiving medication as instructed and any first aid necessary and emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

Personal effects of the pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the school responsible for losses unless caused by the negligence of the school.

Insurance

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance. The extent and limitations of which can be obtained from the school office.

Health

I certify that to the best of my knowledge and belief the pupil is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason on medical grounds why the pupil should not be a member of the party for this trip.

Passport etc (for foreign visits only)

I certify that the pupil has a current passport and (if applicable) all necessary visa and satisfies the entry requirements of the country to be visited, and requirements for readmission to the United Kingdom.

Remotely supervised time

I consent to the pupil having remotely supervised free time in a group of pupils with the prior permission of the Party Leader

Pupil Code of Conduct

Code of Conduct

I understand the consequences if the pupil does not adhere to the following behaviour in relation to the trip. Additional rules may be given to students on a trip by trip basis and in particular in relation to residential trips and such rules will form part of any code of conduct

1. The pupil must follow all instructions given to them by any member of staff or other adult who is part of the trip including other qualified persons
2. The pupil must not behave in a way that seriously jeopardises the safety or participation of other students on the trip
3. The pupil must not do anything to put themselves or others at risk
4. The pupil must wear a seatbelt whenever one is fitted
5. The pupil will at all times act with courtesy and consideration for others and do their best to be a role model for the Academy

Any instance of severely unacceptable behaviour may lead to the party leader informing the parent that the pupil will be sent home as soon as possible and that the responsibility for paying for this, including any accompaniment lies with the parent. The pupil may jeopardize their chances of going on another school visit.

Parent/ Carer Trip Consent Form - Local/ Day Trips

I do/ do not grant permission for my child to attend this educational visit to:		Proposed visit to:	
Pupil name:		Tutor/ Year:	
Day and date of departure:		Departure time:	
Day and date of return:		Return time:	
Free school meals:	Yes/ No	£ contribution included:	Yes/ No If not, estimated date:
Cost of Trip:			
Parent / Guardian Contact Details			
Name of Parent /Carer:			
Home Address:		Home Telephone Number:	
		Mobile Telephone Number:	
		Work Telephone Number:	
Alternative Emergency Contact			
Name of Contact:		Relationship to Student:	
Home Address:		Home/ Work Telephone Number:	
		Mobile Telephone Number:	
Student Medical Information			
A.	Does the pupil have any special dietary requirements? If so please state below		YES / NO
B.	Does the pupil have any conditions requiring / which may require medical treatment or medication? If yes please give full details below and include name of medication(s), dose and frequency of administration and if 'self-administered' is preferred (age appropriate).		YES / NO
E.	Is the pupil prone to Travel Sickness?		YES / NO
F.	Please give details below of family Doctor		
	Name:		
	Address:		
	Telephone Number:		

Signature of Parent / Carer

I, the undersigned who have parental responsibility for the above named pupil have completed the information requested above. I have read and understood and I consent to the matters set out on the next page and in any other trip information (including any cover letter).

I agree to inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of any journey. I understand that, while the staff in charge of the party will take all reasonable care of the students, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter/charge arising during, or as a result of, the visit. I consent to any medical treatment necessary during the course of the visit.

Signed:

Date:

Relationship to Pupil:

Parental /Carer Consent to:**Transport**

I consent to the pupil travelling by any form of private or public transport and/or in a motor vehicle driven by the party leader or any other responsible adult member of the party who is authorised by law and duly insured to drive.

Accident/illness

I consent to the pupil receiving medication as instructed and any first aid necessary and emergency dental, medical or surgical treatment, including inoculations, general or local anaesthetic, surgery or blood transfusion, as considered necessary by the medical authorities present.

Personal effects of the pupil

I acknowledge that the pupil will be responsible for the safety of his/her own money and personal effects. I will not hold the school responsible for losses unless caused by the negligence of the school.

Insurance

I understand the extent and limitations of the insurance cover provided, and know of no information that may affect the insurance. The extent and limitations of which can be obtained from the school office.

Health

I certify that to the best of my knowledge and belief the pupil is in good health and (if applicable) has received all necessary inoculations. I am aware of no reason on medical grounds why the pupil should not be a member of the party for this trip.

Remotely supervised time

I consent to the pupil having remotely supervised free time in a group of pupils with the prior permission of the Party Leader

Pupil code of conduct:**Code of Conduct**

I understand the consequences if the pupil does not adhere to the following behaviour in relation to the trip. Additional rules may be given to students on a trip by trip basis and in particular in relation to residential trips and such rules will form part of any code of conduct

1. The pupil must follow all instructions given to them by any member of staff or other adult who is part of the trip including other qualified persons
2. The pupil must not behave in a way that seriously jeopardises the safety or participation of other students on the trip
3. The pupil must not do anything to put themselves or others at risk
4. The pupil must wear a seatbelt whenever one is fitted
5. The pupil will at all times act with courtesy and consideration for others and do their best to be a role model for the Academy

Any instance of severely unacceptable behaviour may lead to the party leader informing the parent that the pupil will be sent home as soon as possible and that the responsibility for paying for this, including any accompaniment lies with the parent. The pupil may jeopardise their chances of going on another school visit.

Signature of Pupil – Age Appropriate not EYFS

I the above named pupil promise to observe the pupil code of conduct for visits. I will do my best to ensure the safety of myself and other members of any party. I will obey the laws of the country. I will at all times act with courtesy and consideration for others and do my best to uphold the good name of the school.

Signed:

Date:



Pupil Authorised Absence Register

1. COMPLETE WHEN ALL PARENTAL PERMISSIONS ARE COLLECTED – pupil listed in alphabetical order.
2. USE AND MARK AS A REGISTER FOR PUPIL ABSENT - LEAVE IN FRONT OFFICE BEFORE DEPARTURE

Trip leader:				
Name of trip and destination:				
Date and time of departure:				
Date and time of return:				
Mobile numbers of ALL staff attending the trip:	Staff: Number:	Staff: Number:	Staff: Number:	Staff: Number:
Next of Kin/ emergency details of staff:	Kin: Number:	Kin: Number:	Kin: Number:	Kin: Number:
Name of duty person and number HFCS				
Emergency contacts at HFCS	Name		Mobile	
	Harry Wall		07545 203 818	
Signed				
	(Member of staff in charge to be signed just prior to departure)			

	Name of Pupli	Parental Contact Number AND Student Mobile Number
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Visit Evaluation Form

Please complete this form as soon as possible after your return by ticking relevant boxes and adding comments so we can improve future educational visits.
Please include any pupil feedback with this form – scanned copies.

Visit to					
Date					
Group leader					
	Excellent	Good	Fair	Poor	Comment
Educational value					
Transport arrangements					
Suitability of venue(s)					
Value for money					
Pupil behaviour					
Timing					
Review of Risk Assessment – Any incidents?					
Other comments (improvements/ changes?)					

Complete and return to VTO. Thank you!