**Please complete this as evidence of your visit planning. The EVC reserves the right to ask to see it, and any other appropriate paperwork, as part of their Sample Monitoring of visits.**

|  |  |
| --- | --- |
| Name and location of visit: |  |
| Date(s) & times: |  |
| Name of Visit Leader |  |
| Additional Leaders |  |
| Emergency Contacts  *(share all trip info inc. medical details with all emergency contacts)* | School office - 01905 352615  1.  2.  3. Greg McClarey – 07516 502300 |

|  |  |
| --- | --- |
| **Staffing** | |
| Visit Leader has completed a **Visit Approval Form** and has received full approval, there are sufficient Leaders and helpers to ensure effective supervision. |  |
| All Leaders and helpers are clear about their roles and responsibilities during the trip and are considered competent. |  |
| All Leaders and helpers have received all relevant information about the visit including copies of **Risk Assessments** |  |
| **Timing** | |
| Timings have been communicated to parents, students and appropriate staff. |  |
| Site and office staff are aware of when and where coaches will be collecting and dropping off. |  |
| If the trip involves early and /or late pick up Kay Taylor has been informed and parents have been asked to keep noise down to a minimum. |  |
| If access to the bus bay is needed trip leader knows the up-to-date back gate code |  |
| **Activities** | |
| The programme of activities is appropriate to the age and nature of the participants. |  |
| **Risk Assessments** have been created and consider the different activities on the visit. |  |
| If external providers are being used checks have been made to ensure appropriate qualifications and expected standards are met. |  |
| Suitable insurances are in place. This may be through the college insurance policy or a provider insurance. |  |
| There is access to first aid appropriate to the planned activity, group and location. If this is not the case, then a qualified First Aider has been included in the staffing. |  |
| Emergency contacts have been shared with all Leaders and helpers using the **Emergency Contact Crib Card**. |  |
| **Group** | |
| Parents have given consent and have provided up to date contact details, medical info and dietary requirements. |  |
| Parents of any students who have specific medication needs have been contacted to discuss requirements. |  |
| For those students with an Adrenaline Auto-Injector (AAI), parents have been informed of emergency procedures and collection of spare medication from Pupil Reception has been confirmed. |  |
| **Environment** | |
| Factors such as weather, and any other hazards have been considered and a Plan B is in place. |  |
| Accessibility to the site has been checked for all participants. |  |
| There is sufficient knowledge of the site to be visited either through previous visits, familiarity with the venue or from other sources. |  |
| **Remoteness** | |
| Sufficient and appropriate transport has been arranged to access the site. |  |
| Routine and emergency communication arrangements have been considered for all planned activities. |  |