This form should be completed prior to a trip being organised. Do not book anything until approval has been granted. Please feel free to discuss with the EVC before completion.

* For day trips please submit no later than one month prior to the visit.
* For Residential or Overseas visits please submit at least three months prior to the visit.

Follow this link for national guidance on how to plan and lead your visit: <https://oeapng.info/>

Once completed please share, with editing rights, to [beotrips@blessededward.co.uk](mailto:beotrips@blessededward.co.uk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name and location of visit: | |  | | | | | |
| Date(s) & times: | |  | | | | | |
| Learning Outcomes: *(see Learning Outcomes mind map)* | | 1. | | | | | |
| 2. | | | | | |
| Curriculum Link: *(describe what element of your curriculum will be enhanced by this visit)* | |  | | | | | |
| Name of Visit Leader: *(must have been Visit Leader trained within the last 5 years)* | |  | | | | | |
| **STAGER PLANNING** | | | | | | | |
| **S**taffing: *(Please list all staff on the trip and comment on experience, training & competence of staff. Staff to participant ratio)* | |  | | | | | |
| **T**iming: *(Please comment on whether it is in term time, holiday, weekday, evening, or weekend? Does this impact on staffing & availability of emergency response?)* | |  | | | | | |
| **A**ctivity: *(Please comment on complexity of the visit. Is an external provider being used? Does it involve adventure activities? Is it residential? What transport is being used? Do staff have relevant training?)* | |  | | | | | |
| **G**roup: *(Please comment on age, gender, and number of participants. Are they known to staff?*) | |  | | | | | |
| **E**nvironment: *(Please comment on how weather conditions might affect the trip. If residential give details of accommodation)* | |  | | | | | |
| **R**emoteness: *(Please comment on travel distance & time. Is it an overseas visit? What emergency communications & access are planned?)* | |  | | | | | |
| Visit Leader signature:  *I confirm that the information contained in this form is correct to the best of my knowledge and that I will follow school trip policy in my planning.* | | | |  | | Date: |  |
| EVC signature:  *I confirm that this trip can go ahead based on the information provided to me by the Visit Leader. I reserve the right to ask for copies of all paperwork to carry out Sample Monitoring.* | | | |  | | Date: |  |
| **COSTINGS** | | | | | | | |
| Cover: *(First two staff will be covered by Cover Supervisors add £200 for each additional teacher)* | |  | | | | | |
| Transport: *(Coach,* *train or minibus – 45p per mile)* | |  | | | | | |
| External provider: *(include any charges made to travel companies, accommodation, etc)* | |  | | | | | |
| Additional Costs: *(give details)* | |  | | | | | |
| ParentPay: *(please add 2.4%)* | |  | | | | | |
| Total Cost: | |  | | | | | |
| Cost per pupil: | |  | | | | | |
| Pupil Premium cost: | |  | | | | | |
| Finance signature:  *I confirm that I have checked the financial information for the visit following a conversation with the Visit Leader.* | | | |  | | Date: |  |
| **COVER REQUIREMENTS** | | | | | | | |
| *Please check the timetables of staff on the trip and note which lessons will be covered (add rows for additional staff). Also please add the number of trips that each member of staff will attend this academic year.* | | | | | | | |
| Name | Trips attended | Registration | Lesson 1 | Lesson 2 | Lesson 3 | Lesson 4 | Lesson 5 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Cover signature:  *I confirm that I have made a note of the cover requirements for the visit* | | | |  | | Date: |  |
| Headteacher signature:  *I confirm that this trip can go ahead subject to the Visit Leader following school trip policy in their planning.* | | | |  | | Date: |  |