



Willow Park School
Curious Engaged Flourishing



Day Visits Planning Pack

Visit to	Local Shops
Date	
Specific Group If applicable	
Group Leader	Samantha

The pack has been put together to ensure that group leaders have covered all aspects of safe planning – please follow the guidance carefully

- **Please complete the form and return to the Principal for approval** by the following timescales:
 - **Visits involving transport – At least 10 school days before the visit is due to take place**
 - **Visits in the local area – At least 3 school days before the visit is due to take place**
 - **Only once this front page has been signed by the Principal (or a member of staff nominated by the Principal) can the visit go ahead**

Ratios

1. There should always be one adult not directly assigned to supervise a child or children; a spare adult to manage emergencies
2. Use the following table to calculate the number of adults required for the group being taken complete the shaded cells.

p	c	d	e	f	a
Number of pupils	No. of these children who can safely be supervised in a pair	c÷2 will give you the number of adults required for pairs (round up for odd values of c)	p-c will give you the number of adults required for individuals	d+e will give the basic number of adults required	You'll need a spare adult so add 1 to f (f+1)
7	4	2	3	5	6

Final adult to pupil ratio (a:p) = 6:7

APPROVAL FROM THE PRINCIPAL FOR THE VISIT TO GO AHEAD

I have studied this application and all aspects including the planning, organisation and staffing of the visit.

☐ Approval is given.

☐ Approval is not given (including reasons)

Signed _____
Head teacher / Principal

Date _____

HEAD TEACHER/PRINCIPAL CHECKLIST FOR APPROVING OFF-SITE ACTIVITIES

	Yes, No or N/A	Notes	Date approved by Head or Principal
Does the activity have a clear educational purpose?			
Is the activity appropriately suited to the age, aptitude and experience of the children?			
Are all documents in this paperwork complete?			
Does it involve the use of some other outside agency in the provision of accommodation or the activities? If so, does the paperwork include all relevant details, licence and insurance numbers?			
Is the leader, and are accompanying staff, suitably qualified and/or experienced in the nature of the activities undertaken?			
Does the programme involve specific outdoor adventurous activities where special care needs to be exercised?			
If adventurous activities are provided, is a licence issued by AALA required, and if so, have details been checked with AALA?			
Are the supervision ratios adequate for all possible circumstances?			
Has extra insurance, which includes the activities to be undertaken, been obtained? NB. Participation in 'hazardous' activities should be declared to the Insurance Company.			
Have the leader and other adults established appropriate accident, emergency and contingency plans, including provision for communication with the school, both in and out of school time if the visit extends beyond school hours?			
Has parental consent been obtained for all participants to engage in all of the planned activities?			
Has medical consent been provided in writing? If in the local area, do we have the annual medical consent forms for all pupils?			
Have individual pupil Risk Assessments been completed			
Have risk assessments for each aspect of the visit been undertaken?			
Confirm that the coach company to be used have returned the confirmation of the following: Drivers legally and physically fit to drive Taxed and MOT Working Seat Belts Appropriate number of drivers for long journeys Drivers DBS checked			

Day Visits Planning form

This application form, when completed by the group leader and deputy leader, will provide information to the Head teacher or principal which is essential before deciding on approval. *Not all sections will be relevant to every proposed visit or journey.* **This form should be completed submitted to the Head teacher for approval at the earliest possible time** and preferably **on an on-going basis throughout the planning stage** to aid discussion. When approval is given, one copy should be retained by the Head teacher / Principal (in the school office) and another by the group leader. Any subsequent changes in planning, organisation, staffing, etc, should be communicated to the Head teacher / Principal for approval.

Visit to:			
Address:			
Phone number:			
Contact name:			
Group leader:			
Deputy leader:			
Purpose of visit and educational objectives:			
	Date	Time	
Departing from school:			
Returning to school:			
Drop off/pick up address (if different from above):			
Names of staff taking their own cars (if relevant):			
If applicable, confirm (Yes/No) if you have checked the above staff have business insurance for their car(s)			
Names of parents helping out with lifts (if relevant):			
Names of pupils travelling in private vehicles (if relevant):			
If applicable, tick to confirm you have written permission for children travelling in parents' cars			
Insurance arrangements for all members of the proposed party, including voluntary helpers. Include the name of the insurance company (check with the office):			
Organising Company/Agency (if relevant)			
Name:			
Address:			
Phone number:			
Contact name:			

License number (if applicable):	
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Pre-Visit			
Have you conducted a pre-visit or do you have prior knowledge of the venue/event?			
Ratios			
Number of boys	Number of Girls	Number of Adults	Ratio (Adults:Children) Use the table on the front page to calculate this

Contact person in the home area who will hold all information about the visit or journey In the event of an emergency			
Name	School Role	Contact number	Address (if out of school hours)
Other emergency planning details			

Pupils with Medical Needs (if applicable)				
Name	Year Group	Medical needs	Treatment Required	Other relevant details

Pupils with Behavioural Needs (if applicable)			
Name	Year Group	Behavioural Needs	How will these be managed?

Pupils with Dietary Needs (if applicable)			
Name	Year Group	Dietary Needs	How will these be managed?

Staff details attending the visit

Name Highlight if first aid trained Preferably more than 1 first aid trained member of staff	School Role	Contact No.	Relevant Medical Info	Signed to confirm has read the risk assessment and trip planning paperwork

Details of any specific roles for members of staff:	
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Parent Helpers / Volunteers (if applicable)					
Name	Parent / Volunteer	DBS obtained?	Contact No.	Other relevant details	Signed to confirm has read the risk assessment

Tick	Additional Procedures. Please ensure that you have done the following (please tick):
	Spoken to the Head teacher regarding staffing
	Met with all adults to detail roles, responsibilities and agenda.
	Spoken to pupils regarding groupings/behaviour/responsibility/partners/toileting
	Risk assessments have been signed by all adults going on the trip.
	Prepared a list of any school equipment required
	Identify no. of First Aid trained staff

Tick	On the day of the trip, please ensure that:
	All adults have got a working mobile phone
	All adults have a contact number for the group, deputy leader, first aid staff
	All adults have an up-to-date copy of the groupings/supervision lists
	All adults supervising a small group have a first aid kit
	All medication has been distributed
	Other:

Signatures (on the day):

	Signature	Date
Group Leader:		
Deputy Leader:		

Willow Park School – Risk Assessment Template

Activities covered by this assessment (e.g. event):		SEND consideration s	
Location (i.e. school / venue)		Other Contextual Information	

Note: This is a person specific assessment which must be completed and monitored for all pupils at the school

Hazard (Specific activities, situations, triggers...consider all possibilities)	Who Might be Harmed & How? (likely to be child, adult and/or other children)	Existing Methods of Control (what do we already do to help reduce the risk)	Initial Risk Rating <u>Before</u> putting further controls in place			Further Controls Possible To mitigate the risks (What reasonably practicable control measures could be considered to further reduce the risk rating?)	Residual Risk Rating <u>After</u> mitigating controls are in place			Action Required		
			Severity Low, Medium or High	Likelihood Low, Medium or High	Risk rating Severity Likelihood matrix on next page)		Severity Low, Medium or High	Likelihood Low, Medium or High	Risk rating Severity Likelihood matrix on next page)	Who: (Initial)	Date By: (--/--/-)	Done? ✓/✗

To add more rows to the risk assessment, tap the → button until the cursor sits at the end of the row, then press return key.

During this activity, what specifically could go wrong resulting in an emergency situation?	
How could this emergency situation be prevented / controlled?	
Who should respond to a potential emergency situation and how? Have staff been trained to respond to this emergency situation?	

Risk Assessor(s) Name(s):		Risk Assessor(s) Signature(s):			
Authorised By:		Authoriser Signature:			
Date Conducted:		Date Review Required:		Date of Last Review:	

Potential Severity of Harm	High	Medium	High	High
	Death, paralysis, long term serious ill health.			
	Medium	Low	Medium	High
	An injury requiring further medical assistance or is a RIDDOR incident.			
	Low	Low	Low	Medium
	Minor injuries not resulting in any first aid or absence from work.			
	Low The event is unlikely to happen.	Medium It is fairly likely it will happen.	High It is likely to happen.	
	Likelihood of harm			

Risk Rating Definitions	
Low	This is an acceptable level of risk. No further controls are required as the risk rating cannot be reduced any further. However, it is advised that continual monitoring occurs in order to ensure that no changes / deviation of control measures occur.
Medium	It is advised that further controls are implemented to reduce the risk rating to as low a level as possible. If the risk cannot be reduced to lower than a medium, then on site monitoring should occur to ensure that all stipulated controls are being adhered to.
High	This is an unacceptable risk rating. Urgent interim controls should be implemented to reduce the risk so far as is reasonably practicable. If the risk rating cannot be reduced to lower than a High, then a documented safe system of work should be implemented to control the activity. It may be necessary to seek further professional advice. Serious consideration should be given to the validity of carrying out the activity at all. Monitoring of the activity must occur.

Now ensure and include with the paperwork

1. Consent:

1a – Y I can confirm that the school has copies of the consent forms for pupils to attend the visit,

Risk Assessments:

2a – Y tick to confirm that a risk assessment for the visit regarding the general safety specific risk assessment (on the school template) has been completed and included with this paperwork on the following pages including all of the following:

- Journey to and from the venue
- Behaviour
- Strangers
- Safety around roads
- Weather hazards
- Lost pupils
- Illness during the visit
- Medical conditions
- Other applicable aspects

and...

2b – Y tick to confirm that site specific risk assessments covering all aspects of the visit have been included with the paperwork and annotated by the group leader(s) on the following pages;

and...

2c – Y tick to confirm that individual pupil specific risk assessments covering aspects regarding specific behavioural and/or medical/physical needs has been included with the paperwork on the following pages...or tick here if not applicable Y.

2. Transport:

3a – Y tick to indicate that a transport risk Assessment is included with the paperwork...or tick here if not applicable Y.

3. Itinerary:

5a – Y tick to confirm that the itinerary is included in the following pages

4. Pupil List (and groupings):

6a – Y tick to confirm that you have included the pupil list and/or group lists on the following page