

**Italia Academy of Theatre Arts**  
**School Journey/Visits Policy**

## **OVERVIEW**

**This policy has been developed with regard to DfES guidance on *Health and Safety of Pupils on Educational Visits (HASPEV)*.**

We recognise that school journeys and visits play an important role in the learning process. It is important that all pupils should have the chance to participate. To this end we will endeavour to arrange a variety of events, some of which will be either free or low cost.

## **PROCEDURE:**

Whether the expedition is a local survey or a school journey abroad there must be adequate risk assessments of all activities and types of activities being undertaken. It is necessary to ensure there is careful preparation and planning, good supervision, parental contact, emergency procedures etc. Teachers undertaking responsibility for educational visits and school journeys are responsible for the pupils in their care throughout the whole period. In the case of school journeys this means twenty-four hours a day, seven days a week.

The types of activities should be categorised by a description of activities undertaken on the trip, whether that would involve any level of difficulty, risk, effort; the location must be specified and all risk assessments completed to ensure the health and safety of all involved. If a trip or journey is using an external contractor for an activity, all appropriate checks must be made to verify the suitability of offsite providers and close attention must be paid to the contractor's own risk assessment to ensure they meet all health and safety regulations.

Teachers undertaking responsibility must complete a full risk assessment and discuss it with the Head Teacher.

## **If you wish to suggest a visit or journey (home or overseas):-**

- discuss the purpose, cost and requirements etc. with the Head Teacher, who will;
- look at the school timetable and calendar to see which dates/days/times will cause least inconvenience to other people;
- the Head Teacher will take your proposal to the relevant parties to seek approval - you should have an outline plan ready at this time. This should include date, destination, types of activities involved, year group, cost, method of travel, supervising staff, putting in place appropriate insurance etc. **This must be done at least one month in advance or one academic year in advance for overseas and/or extended trips.**
- Plans for day trips and short excursions need to be approved by the Head Teacher.
- Plans to take out a residential trip must have full approval of the Vice Principal and Principal (you will be expected to provide a full presentation of your proposed trip for consideration at the Vice Principal and Principal's meetings).
- Head Teacher to discuss with academic and vocational team regarding the timetable issues .

## **When you have obtained permission from the Head Teacher you should:-**

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- complete a trip information form and inform staff at briefing, this is a matter of courtesy it is also a check that you haven't forgotten anything;
- make suitable travel arrangements eg. book coaches etc. If you want the office to book transport for you they will need at least one month's warning;
- consult with HR, Susan Jolley to ensure that all appropriate insurance is in place including for your form of transport;
- compose a letter to parents & submit to Head Teacher for approval, she will pass it to the office for typing;
- photocopy and distribute letter;
- make a list of pupils involved on the trip giving cause for concern; check whether any of the pupils wishing to participate have health problems e.g. diabetes, asthma, epilepsy (this applies to staff members as well) and ensure that you are familiar with relevant emergency procedures; check whether any pupil has special needs eg. dietary requirements, SEND etc.
- collect money, via the office, making sure that all expenses have been covered, including evening entertainment if overnight stay(s) are necessary;
- accounts should be kept and money paid into the school account as soon as possible;
- put the list of participating pupils on the staff notice board and give copies to the Head Teacher
- check how school lunches will be accommodated.
- prior to departure, give the office a copy of all arrangements including:- the expected return time, a list of participating pupils, names of supervising staff or other adults\* and contact telephone numbers;
- take a first aid kit with you and ensure that one member of the party is a qualified first aider.
- give every supervising adult a copy of the itinerary and a list of pupils.

***\*Permission for the use of other adults must be referred to SMT for consideration of vetting procedures and guidance. Ultimate permission for any adult accompanying the trip lies with the Head Teacher.***

## **RESPONSIBILITIES:**

### **You are responsible for:-**

- checking the Checklist for Organisers of School Journeys;
- ensuring adequate supervision of the pupils; remember that the ratio of staff to pupils aged 8–18 approximately 1:11 but needs to be appropriate to risk assessment
- making sure that pupils arrive home at the scheduled times, or notifying parents of unexpected changes;
- making certain that adequate arrangements have been made for the safe return home of all pupils;
- dealing with any accident or incident to the best of your ability and reporting to the relevant person any pupil who misbehaves;
- ensuring that there is an approved "reserve" teacher for an overnight visit;
- notifying the Head Teacher of any changes in arrangements;

## SCHOOL JOURNEY/VISITS POLICY

If using a bus or mini-bus, you are responsible for ensuring that:-

every passenger wears a seat-belt;  
the mini-bus is roadworthy and safe to drive;  
Doors are securely closed;  
pupils behave in a sensible and orderly manner; and  
that the vehicle is left clean and tidy.

The driver is also legally responsible for the condition of the vehicle. Therefore, before starting the engine you should carry out the following routine vehicle checks:-

tyre condition	lights
tyre pressure	wipers/washers
fuel	indicators
oil	water
mirrors	first aid kit
warning triangle	fire extinguisher
wheel nuts	torch
driver fitness	fluorescent/reflective vest

**REMEMBER - SAFETY OF THE PUPILS MUST ALWAYS BE OUR PRIORITY**

***If you have any concerns due to: - poor behaviour, unexpected change of plans, transport problems, health, weather etc. STOP the visit or journey and return to school. If possible, contacting the Head Teacher to inform of change of plan.***

*This policy will be reviewed once a year*

## SCHOOL JOURNEY/VISITS POLICY

### PLANNING A VISIT

**If you are thinking of planning a residential visit your initial plans should be made well before the start of the relevant academic year ie at least one year in advance.**

Collect a visit pack from Kat Dale/Head Teacher and check the date of the proposed visit with the Head Teacher. The Visit Pack will contain:

- Outing Planning and Approval
  - Visit's objectives
  - Likely date, duration, venue
  - Pupil group, staffing
  - Resources, estimate of costs
- Initial Risk Assessment Form plus information on steps to follow
- Application for the approval of Educational visits by Head Teacher Form
- Evaluation Sheet
- Checklist of pupils going on visit
- Parental Consent Form
- Summary of pupil/adult information form
- Emergency Contact information sheet

Your outline proposal must be given to the Head Teacher, who will take it to the Vice Principal and Principal and must include:

- Visit's objectives
- Likely date, duration and venue
- Pupil group and staffing
- Resources, estimates of costs

#### Planning

- Contact venue, is it suitable for the group?
- What are the transport options?
- Who would lead the group and who would help to supervise it?
- Who would pay for the visit?
- Risk Assessment, exploratory visit

#### Substantive Proposal to Head Teacher

- Details of dates, risk assessment, emergency procedures, transport, insurance, costs, group membership, staffing.

##### **Shorter Visits**

Obtain approval from Head Teacher and/or SMT and parental consent for a day visit

Inform parents as necessary of shorter routine visits

Brief Pupils

Go on visit and monitor risks as all times

**Evaluate**

## SCHOOL JOURNEY OUTLINE PLANNING AND APPROVAL

Trip:	
Year Group: No. of staff:	No. of students:
Objectives:	
Curriculum Links:	
Proposed dates:	
Date verbal proposal made:	
Date formal approval given:	
Parental consent	Date Sent:
Budget	Date Agreed:
Risk Assessment	Date Signed off:

**Residential and Abroad**  
 Obtain approval from the Principal to prepare the visit subject to satisfactory preparation  
**Final preparation**  
 Information to and from parents  
 Briefing Evening, brief pupils, deposits/full payments by parents  
**Obtain Parental Consents**  
 Go on visit monitoring the risks at all times.  
**Evaluate**

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Final Copy (Critical incidents pack)	Date Received:
Outing report/Evaluation	Date Completed:
Comments/Concerns	

## SCHOOL JOURNEY/VISITS POLICY

### FORM 2

**Italia Conti Academy Theatre Arts School**  
**OUTDOOR ACTIVITIES MONITORING FORM**

To be used for approval from the Principal for activities that are residential, last more than 24 hours or are to a foreign country. This form is to be completed and submitted by the Organiser of the Journey to SLT, normally allowing one academic year for consideration of approval.

No final commitments should be made before the Principal approval has been given. Any alterations must be notified to the Head Teacher before the journey takes place and it must be understood that such alterations could cause withdrawal of approval.

**DATES**                                  **Outward**                                  **Return**

**DESTINATION/S** \_\_\_\_\_

**TRAVEL COMPANY (If appropriate)** \_\_\_\_\_

**ABTA Reg. No.** \_\_\_\_\_

**NAME OF PARTY LEADER** \_\_\_\_\_

**NOS OF OTHER STAFF**                                  **MALE /FEMALE**

**NOS OF OTHER SUPERVISING ADULTS**                                  **MALE /FEMALE**

**NOS OF PUPILS**                                  **MALE /FEMALE**

**ARE HAZARDOUS ACTIVITIES INVOLVED? YES/NO**

If yes, complete Hazardous Activity Monitoring Form

**EMERGENCY CONTACT**  
(for duration of journey) \_\_\_\_\_

I certify that above (provisional) information is correct and that the arrangements for the Journey comply with The Italia Conti Academy Theatre Arts School's current instructions. I will notify the Headteacher of any changes that may occur before the Journey takes place.

**CERTIFICATION (JOURNEY ORGANISER)**

**DATE** \_\_\_\_\_

APPROVED/ (Principal)  
NOT APPROVED  
SCHOOL JOURNEY/VISITS POLICY

DATE \_\_\_\_\_

FORM 3

The Italia Conti Academy Theatre Arts School  
HAZARDOUS ACTIVITY MONITORING FORM

NAME OF LEADER \_\_\_\_\_

Does the Leader intend to instruct on Activities? YES/NO

If NO, give details of Centre and/or Instructors Qualifications/Experience (overleaf)

Name of Centre \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_

Names and relevant qualifications/experience of assistants. (To be completed when teachers are leading the activities).

NAME	QUALIFICATIONS/EXPERIENCE
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Location of Area/Centre to be visited \_\_\_\_\_

Leader's Experience of Area \_\_\_\_\_

Purpose of Activity \_\_\_\_\_

DATES	Outward	Return
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No. of Pupils	Male	Female	Age range
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Will Medical Forms be completed by parents? YES/NO

Will pupils require special training? YES/NO

If YES, give details \_\_\_\_\_



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List all activities pupils will participate in \_\_\_\_\_

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Will parents be fully aware of all activities involved and will they be expected to sign consent forms? YES/NO

Has adequate insurance cover been arranged? YES/NO

Is all equipment in sound condition? YES/NO

N.B. The Head Teacher may wish to meet the Group Leader to satisfy him/herself that:

- a) all participants background training is of the expected standard;
- b) all equipment is in sound condition; and
- c) the planning of the activity conforms to nationally accepted standards.

SIGNED BY: PARTY LEADER \_\_\_\_\_

APPROVED/NOT APPROVED

HEAD TEACHER: \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

DATE

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**Details of Centre and/or Instructors Qualifications/Experience:-**

**JOURNEY REQUEST FORM**

**Name of Leader/Organiser:**

**Date of Application:**

**Final Approval Given:**

**PROPOSED DATE OF TRIP:**

**Nos of Students:**

**Nos of Staff:**

**VENUE:**

**ADDRESS:**

**Telephone Number:**

**Purpose of Visit;**

**METHOD OF TRANSPORT:**

Organised by teacher: YES/NO

To be organised by office: YES/NO

**TIME OF DEPARTURE:**

**TIME OF RETURN:**

**APPROXIMATE COST PER PUPIL:**

**STAFF ON TRIP:**

**THEIR TIMETABLES:**

Name	P1	P2	P3	P4	P5	P6	P7

**FORM(S) ON TRIP**

**No. OF PACKED LUNCHES TO BE ORDERED:**

**THEIR**

**TIMETABLES:**

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Form(s)	P1	P2	P3	P4	P5	P6	P7


**Organising company/agency (if any): to include licence reference number if the body is registered with Adventure Activities Licensing Authority.**

**Group Leader's Signature..... Date .....**

**Head Teacher's Signature ..... Date .....**

### STEPS TO FOLLOW WHEN ASSESSING RISKS

- **Places to be visited eg City Centre**
  - Potential hazards:
    - Walking in city streets
    - Loss of passport
    - Travelling by ferry
    - Unsuitable hotel
  
- **List of groups of people who are especially at risk from the significant hazards you have identified:**
  - Pupils
  - Students
  - Group leader
  - Non-teaching staff
  - Teachers
  
- **List existing controls or note where the information may be found:**
  - Ensure sufficient supervision
  - Clear guidance to pupils
  - Know details of consulate
  - Exploratory visit
  
- **How will you cope with the hazards which are not currently or fully controlled under (3)?**  
List the hazards and the measures taken to control them
  
- **Continual monitoring of hazards throughout visit:**  
Adapt plans and then assess risks as necessary

These are just some examples of what to include in a Risk Assessment. Each trip will have particular risks.

**INITIAL RISK ASSESSMENT ACTION PLAN**

Name of Trip/Venue		
Teacher in Charge		
Date of Trip		
<b>Activity/Situation/Hazard</b>	<b>Action Required</b>	<b>Target Date</b>

Assessment and Action Plan prepared by ..... Date  
October 2015

.....

Next Assessment due .....

**FINAL RISK ASSESSMENT ACTION PLAN**

Name of Trip/Venue		
Teacher in Charge		
Date of Trip		
<b>Activity/Situation/Hazard</b>	<b>Action Required</b>	<b>Target Date</b>

Assessment and Action Plan prepared by ..... Date .....

Agreed ..... Head Teacher ..... Date

Agreed ..... Principal..... Date

**CONFIDENTIAL**

**CONTRACT FOR DAY EXPEDITIONS**

Pupil's Name (Block Capitals)	Form	Forenames:	
Journey To:		Departure Date	Return Date
<p>I/We have agreed to allow my/our son/daughter to take part in the above-mentioned trip and agree to him/her taking part in all of the activities that are undertaken.</p> <p>I/We understand that whilst staff take all reasonable care and precautions my/our child is responsible for their own belongings, which will be clearly labelled. I/We understand that valuable items such as cameras must be clearly labelled and kept securely at all times by my/our son/daughter.</p> <p>I/We also understand that the trip is for the benefit and enjoyment of all participants.</p> <p>(Son/daughters Name)_____ understands that high standards of behaviour are required at all times.</p> <p>In the event of an emergency, I/We give permission for the member of staff in charge to act in "loco parentis" and I/We have given relevant information regarding medical needs for this to be done responsibly.</p> <p><b>Both parents and pupils to sign this form</b></p> <p>Signed _____ (Father)</p> <p>Signed _____ (Mother)</p> <p>Signed _____ (or Legal Guardian)</p> <p>Signed _____ (Pupil)</p>			

## CHECK LIST FOR PUPILS GOING ON A VISIT

The Group Leader is:
You are going to visit (include background)
You can contact your group leader as follows:
If you get lost or into difficulties you should:
You should keep your money and valuables safe by:
<b>You should know the following procedures in case of an emergency:</b>  <b>FOR RESIDENTIAL VISITS:</b> The address(es) and telephone number(s) of the place(s) where you will be staying are:  <b>FOR REMOTE SUPERVISION:</b> If you need to summon help you should:
In the event of an emergency contact:
Telephone boxes are located within the area at the following locations:
If you get lost, rendezvous points are at the following locations:
During such activities you should carry at least the following coins/equipment:

**EVALUATION OF THE VISIT TO BE COMPLETED BY THE GROUP LEADER FOR  
FUTURE REFERENCE**

Group Leader		
Number in group – Pupils Supervisors		
Date(s) of visit		
Purpose(s) of visit		
Venue		
Commercial organisation		
Please comment of the following features		
	Rating 1-10 1 worst: 10 best	COMMENT
The Centre's pre-visit Organisation		
Travel arrangements		
Content of education programme provided		
Instruction		
Equipment		
Suitability of environment		
Accommodation		
Food		
Evening Activities		
Courier/Representativ		



e		
Other comments and evaluation including 'close calls' not involving injury or damage (please attached)		

Signed \_\_\_\_\_ (Group Leader) Date \_\_\_\_\_

To be completed after all ventures and logged with the Head Teacher

**CONFIDENTIAL**  
**RESIDENTIAL/OVERSEAS PARENTAL CONSENT FORM**

Pupil's Name (Block Capitals)		Forenames:	
The Italia Conti Academy Theatre Arts School, 23 Goswell Rd, London, EC1M 7AJ	Form:	Date of Birth:	
		Age on Date of Departure:	
		Years	Months
Journey To:		Departure Date	Return Date

I/We have agreed to allow my/our son/daughter to take part in the above-mentioned trip and agree to him/her taking part in all of the activities that are undertaken.

I/We understand that whilst staff take all reasonable care and precautions my/our child is responsible for their own belongings, which will be clearly labelled. I/We understand that valuable items such as cameras must be clearly labelled and kept securely at all times by my/our son/daughter.

I/We also understand that the trip is for the benefit and enjoyment of all participants.

(Son/daughters Name) \_\_\_\_\_ understands that high standards of behaviour are required at all times. In the event of any unreasonable behaviour that jeopardises the trip or the safety of others, the party leader reserves the right to send a pupil home after contacting parents, and at parents' expense.

In the event of an emergency, I/We give permission for the member of staff in charge to act in "loco parentis" and I/We have given relevant information regarding medical needs for this to be done responsibly.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
(Pupil) (Parent/Guardian)

To ensure that parents may be contacted in the event of any travel difficulties or delays will you please complete the section below. If it is not possible to contact parents by 'phone, please give the name, address and 'phone number of a responsible person where an urgent message may be left.

Parents Address	Home Tel No.
	Mobile:
Parents Address if different from the above whilst your child in on the trip	
Telephone No:	

Emergency Contact Address	Telephone No:
Nationality of Pupil: Passport No.	Expiry Date
Does your child follow any special diet, please list food allergies. This does not include "I don't like ....."	
<b>PLEASE COMPLETE THE MEDICAL FORM ATTACHED</b>	

### STAFF ACTION CHECKLIST

Group Leader \_\_\_\_\_

<b>HAVE YOU?</b>	
Completed all forms	
Read DfES 'Health and Safety of Pupils on Educational Visits' book	
Checked news reports which may contain information on the trip	
Asked for cover arrangements to be made	
Left cover work with the academic team	
Put list of pupils in staff room	
<b>Provided critical incidents' packs as appropriate</b>	
Collected first aid kit	
Health information	
<b>Collected mobile phone from the Head Teacher</b>	
Briefed accompanying staff and provided them with register list and a programme of activities	
Obtained copies of all necessary documents	

# SCHOOL MEDICAL FORM 2011-2012

Pupils Name:

Pupils Form:  D.O.B

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone No: \_\_\_\_\_

EMERGENCY PHONE NUMBER

Parent/Guardian \_\_\_\_\_

Father's mobile: \_\_\_\_\_

Work No: \_\_\_\_\_

Mother's mobile: \_\_\_\_\_

Work No: \_\_\_\_\_

Please give alternatives to contact in case of emergency in the event that neither parent can be reached:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone No: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone No: \_\_\_\_\_

## MEDICAL HISTORY *to be completed by Parent/Guardian*

	Yes	No		Yes	No
Any past injuries			Presently taking medication		
Fainting or dizziness while exercising			History of head injury		
Allergies			Significant past illness		
Asthma			Orthodontia (braces)		
Wears contact lens/glasses			Any ongoing medical problems		
Past surgical procedures			Seizures		
Any hospitalisations			Bone/joint problems		
Tetanus (Date)			Diabetic		
			Medication		

Please comments on any 'yes' answers or on any significant other.

*(Please continue overleaf if necessary)*

<b>IN THE EVENT OF AN EMERGENCY I GIVE PERMISSION FOR THE SCHOOL TO ACT ON MY BEHALF</b>	
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Parent/Guardian signature:

Date:

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