



St John's
School Billericay

Out of School Trip Policy

Date:	September 2020
Those Responsible:	Mr A Angeli - Headteacher Ms A Fleming - Deputy Headteacher Mr J Summers - Health & Safety Officer
To be reviewed:	Regularly

Out of School Trip Policy

This policy has been developed to ensure that all out of school trips are safe and purposeful and that all relevant details are on file should it become necessary for Senior Management to know about some aspect of the trip.

All out of school trips will follow the same procedure from start to finish. Please pick up and fill out a **Trip Tick-List** as you move through the steps.

1. A **Form for the Head Teacher** must be completed and submitted to Fiona Armour. A completed form will include your signature confirming that you have checked the diary and found no conflict. It is recommended you speak to the office and to either Lesley Hyland (for the senior school) or Amy Fleming (for the junior school).
2. The trip is then booked.
3. The appropriate health and safety form, either the **Day Trip or the Residential Trip** form, is then filled out.
4. If a coach is necessary, the **Coach Request Form** is filled out. **All coaches MUST be booked through Joanne Osen.**
5. All forms, including the **Tick-List**, a trip itinerary and a student list, should be submitted to Jeff Summers, who will check it and pass it to Joanne Osen.
6. Complete a Risk Assessment form

You should get the go-ahead within a few days of submitting everything. Obviously this procedure takes longer than the system it replaces, so teachers need to be more organised and plan sooner.

NOTE: Any non-staff adult that accompanies your trip **MUST** be CRB checked. There will be a list in the office of all current parents that have been done. Please use parents that have already been approved when possible. Parents can be CRB checked for a fee through the school. This may take some time so again allow for this in your planning. **IT IS YOUR RESPONSIBILITY AS THE TRIP ORGANISER TO MAKE SURE ALL ACCOMPANYING ADULTS ARE CRB CHECKED.**

Out of School Trips Form for the Head Teacher

Date of Trip: _____

Location: _____

Purpose/Aim of Trip:

What class(es) or group(s) is/are going on the trip:

Total students going: _____

Staff required: _____

Cover required:

I have checked the diary and found no conflicts.

Signed: _____ Date: _____

Head Teacher approval: _____ Date: _____

School Trip Health and Safety Form

Residential Trips

Where is the trip going? _____

For multiple destinations please attach itinerary

Dates of Visit _____

Times of Visit _____

Organized by _____ Approved on _____

Staff Members Involved _____

Other Adults Involved _____

Have all non-staff been CRB checked? YES/NO

Number of Pupils _____ of which _____ are boys and _____ are girls

Please attach a list of names to this form in form groups

How will you get there? For trains/planes, please give stations/airports and approximate times of departure/arrival

What is the purpose of the visit? _____

_____ H&S initial when checked _____

Where will you be staying? _____

_____ H&S initial when checked _____

Have the following sites been visited before the trip?

Destination YES/NO Accommodation YES/NO Food YES/NO

If NO for any of the above, explain _____

Please list any students with special circumstances (relevant injuries, allergies, mobility issues etc.) _____

_____ H&S initial when checked _____

Please list companies used _____

Please list details of insurance, if required _____

Permission Forms? YES/NO (Please attach blank to this form)

Home Contact person _____

Telephone Number _____

Health and Safety Approval _____

School Trip Health and Safety Form

Day Trips

Where is the trip going? _____

Date of Visit _____

Time of Visit _____

Organized by _____ Approved on _____

Staff Members Involved _____

Other Adults Involved _____

Have all non-staff been CRB checked? YES/NO

Number of Pupils _____ of which _____ are boys and _____ are girls

Please attach a list of names to this form in form groups

How will you get there? For trains, please give stations and approximate times

What is the purpose of the visit? _____

_____ H&S initial when checked _____

Please list any students with special circumstances (relevant injuries, allergies, mobility issues etc.) _____

_____ H&S initial when checked _____

Permission Forms? YES/NO (Please attach blank to this form)

Health and Safety Approval _____

Coach Request Form

Proposed Visit/Trip:	
Destination Address:	_____ _____
Organised by:	
Number of Pupils:	
Number of Adults:	
Transport:	Coach <input type="checkbox"/> Minibus <input type="checkbox"/> (Please tick box)
Depart St John's School:	Time: _____ Day: _____ Date: _____ Month: _____ Year: _____
Arrive – Destination Resort:	Time: _____ Date: _____
Depart – Destination Resort:	Time: _____ Date: _____
Arrive St John's School	Time: _____ Day: _____ Date: _____
Approved by Headteacher:	_____ _____ Date: _____

Bursar's Office:	
Coach Booking Confirmed with:	
Date:	
Cost per Pupil:	£ _____
Signed:	_____ Bursar Date: _____
Comments:	

Trip Tick-List

- Form for the Head Teacher
- Health and Safety Form
- Coach Request Form (if necessary) (must be booked through Joanne Osen)
- Itinerary
- Student List
- Risk Assessment Copies
- Non-staff CRB check
- Informed kitchen staff

Risk Assessment for Residential, Adventurous or Foreign Visits

Name of party leader:
Location of visit:
Tel. No.:
Inclusive dates of visit:
How will pupils reach location:
Are the activities being provided by: an external provider/s
centre staff
school staff

Attach copies of Qualifications' Questionnaire from providers or centre staff and/or party complete the sections below on school staff qualifications within the group's party if they are providing the instruction.

Activity	Name of instructor	Qualification

What hazards are likely to be encountered during the group's organised activities:	How will these hazards be controlled:
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What hazards are likely to be encountered at the location whilst the pupils are not undertaking instruction in organised activities:	How will these hazards be controlled:
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Special Needs:

NB A hazard is something that has the potential to cause harm.

A risk is the chance that somebody will be harmed by that hazard

No. pupils

Male	Female	Years/Age ranges
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DCFS recommended staff/pupil ratio for this type of activity:

No. of staff accompanying visit:

Male:	Teachers	Teaching assistants	Parents/helpers
Female:	Teachers	Teaching assistants	Parents/helpers

Emergency School/Home Contacts:

NAME	TEL. NO.
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Any additional information

Additional requirements (e.g. staff training prior to visit)

Details of insurance arrangements:

Signed**Date:.....**
Visit organiser.....

Approved by Health and Safety Officer
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Signed.....Date:.....
.....

Risk Assessment for Day/Local Visits

Name of party leader:

Date of visit:

Location of visit:

How the location is to be reached:

What hazards are likely to be encountered travelling to and from the location:

How will these hazards be controlled:

What hazards are likely to be encountered at the location:

How will these hazards be controlled:

Names and any special needs of young people on the visit eg asthma pumps, medication etc.:

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Day/Local Visits

No. pupils

Male	Female	Years/Age ranges
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DCFS recommended staff/pupil ratio for this type of activity:

No. of staff accompanying visit:

Male:	Teachers	Teaching assistants	Parents/helpers
Female:	Teachers	Teaching assistants	Parents/helpers

Any additional information

Additional requirements (e.g. staff training prior to visit)
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SignedDate:..... Visit organiser.....
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Approved by Health and Safety Officer Signed.....Date:.....
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NB A hazard is something that has the potential to cause harm.

A risk is the chance that somebody will be harmed by that hazard.