

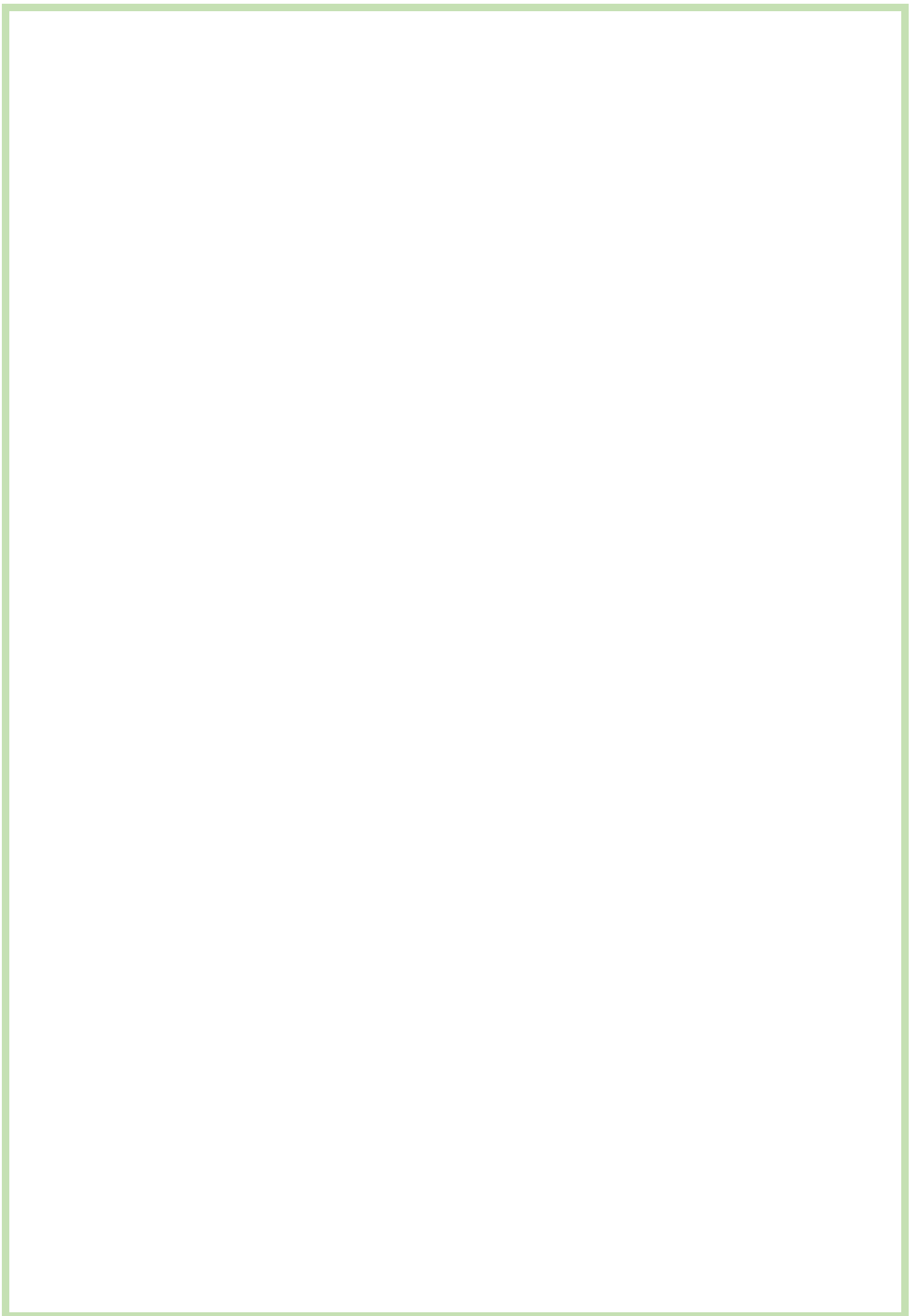


# The Linden Centre

## EVC Documents

Signed by:		
	Headteacher	Date:
	Chair of Management Committee	Date

Last Updated	12/12/2022
Review Due:	12/12/2024





The Linden Centre

## TRIP CONSIDERATION

Trip organiser name		
Date of proposed trip:		Time:
Staff/pupil ratio required		
Venue Address		
Purpose of the trip		
Curriculum link		
Pupils names		
Signed- Lead:		Date:
Agreement of Head Teacher:		Date:
Comments		



## Trip Request Form

### TO BE COMPLETED AT LEAST 7 DAYS PRIOR TO THE TRIP AND HANDED TO THE HEAD TEACHER FOR AUTHORISATION

#### School Trip Checklist

The following suggestions may assist the planning of an activity or visit. Addressing the points in advance will aid completion of a Risk Assessment and in producing documentation for parental consent.

#### Planning a site visit

Preparation and planning are the key to a successful and safe school trip. The leader of the activity will need to carry out a risk assessment in accordance with school procedures.

<b>Party Leader Name:</b>	<b>Phone number:</b> <i>Phone must be switched on at all times</i>
<b>First Aider Name:</b>	
<b>Other Staff Attending:</b>	
<b>Staff/pupil ratio:</b>	
<b>Venue Address:</b> <i>Include 'What 3 Words' location</i>	<b>Address:</b> <b>What3Words:</b>
<b>Purpose of the trip:</b>	
<b>Curriculum link:</b>	Yes/No Details:
<b>Date:</b>	
<b>Timings:</b>	
<b>Pupils names:</b>	<i>Student List to be attached to this form</i>
<b>Parental consent via letter:</b>	Yes/No <i>Copies of consent forms to be taken on trip.</i>
<b>Emergency Contact Numbers on Visit:</b>	<b>Name:</b> <b>Contact:</b> <b>Name:</b> <b>Contact:</b> <b>Name:</b> <b>Contact:</b> <b>Name:</b> <b>Contact:</b>
<b>Pupils with medical conditions or allergies:</b>	Yes/No <i>(This must be attached to this form)</i>
<b>Medication to be taken on trip:</b>	Yes/No <i>(This must be attached to this form)</i>
<b>Staff to Administer Medication</b>	<b>Name:</b> (Enter Name Here)
<b>First Aid Kit Needed:</b>	Quantity: Checked: Signed By:
<b>High Vis Needed:</b>	Yes/No Quantity:
<b>Transport Details:</b>	Provider: Contact Number:
<b>Food Requirements:</b>	Yes/No Details:
<b>Risk Assessment complete and signed by Head Teacher</b>	<i>This must be attached to this form</i> Checked by Head Teacher: Yes/No Signed:

<b>Emergency Contact at The Linden Centre:</b>	Name: Contact Number:
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<b>Business use insurance cover</b>	Yes/No Named insured person:
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<b>Online calendar check for clashes</b>	Yes/No
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Head Teacher consent:	Signed:	Date:
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**ONCE SIGNED BY HEAD TEACHER, PASS BACK TO TEACHER – THIS MUST BE TAKEN ON THE VISIT, COPY LEFT WITH OFFICE AND RETURNED FOR FILING AFTER**

Evaluation of Trip	Any First Aid administered?  Yes/No Details:
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## Consent Form

### DATA PROTECTION

This form is used to collect information about your young person for the purpose of the event named below, this is to be used by The Linden Centre. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored and will be kept for 21 days after the event for any queries that arise before being securely destroyed.

**Please keep this top section for your own information. Detach and return the bottom section to school before the cut-off date.**

Event:	
Date:	Location of Activity:
Transport Details:	
Cost:	Activities:

## Activity Consent Slip

The Linden Centre  
Primary & Secondary Specialist, Short Stay Assessment & Intervention



The Linden Centre

Please complete and return to School on '**Insert Date Here**'.

Event:	
Name:	Date of Birth:
Are they able to swim 50 meters and stay afloat in light clothing? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Emergency Contact Name:	Emergency Contact Number:
Doctors Name & Contact Details:	Details of any Medications currently being taken:
Details of any Allergies, Medical Conditions or Additional Needs:	Details of any infectious diseases they have been in contact with in the last three weeks:
<p>I enclose payment <b>£</b>      and agree to the payment schedule outlined above.</p> <p>I have noted the arrangements above and agree to the named young person taking part.</p>	
Signed:	Date:
Relationship to Young Person:	

## Trips and Excursions Code of Conduct

### General expectations

For the visit to be both beneficial and enjoyable for all, you are expected to:

- Behave responsibly and show consideration for others, including fellow pupils, staff and members of the public.
- Comply with instructions.
- Look after your own possessions and anything you borrow.
- Keep all facilities clean, tidy and undamaged.
- Abide by any rules and regulations of the places we visit.
- In the event of an emergency, follow emergency procedure instructions.
- The consumption of alcohol is forbidden.
- The use of tobacco and vaping is forbidden.
- The use of non-prescribed drugs and/or illegal substances is strictly forbidden.
- Inform staff if you have any medical conditions or injuries.
- Inform a member of staff if you have any concerns about safety or security.
- Report any damaged or unsafe equipment.
- Wear appropriate clothing.

### On a coach or minibus

- Remain in your seat, unless given permission to do otherwise.
- Wear your seat belt.
- Stow luggage on the luggage rack or under the seat. Luggage should not block the aisle.
- Put litter in the bags/bins provided.
- Do not distract the driver – no shouting out, no flash photography etc.
- If you begin to feel travel sick, inform a member of staff.
- When disembarking, be aware of traffic movement and direction.

### Motorway service stations etc.

- Follow instructions from staff about where you are allowed go and how long You may spend in the service station.
- Be back on the coach/minibus at the given time.

### On a ferry, at an airport and at a railway station

- Remain in your group at these busy locations.
- Be aware of and comply with all timings and meeting places.
- Understand and comply with security arrangements and limitations.
- Follow instructions from transport operator staff.
- Follow all instructions about being on boat decks.
- Visit shops in pairs or groups - never alone.



- Stay back from the edge of railway platforms.
- Be sure you know where the group is based and how to locate staff.

**Staying in a hotel/residential place**

- Read and understand all instructions about fire and safety procedures.
- Know the location of duty staff.
- Comply with any instructions about permission to leave the hotel.
- Comply with any instructions about access to parts of the hotel, e.g. bar, casino, swimming pool.
- Understand the dangers of balconies and comply with any instructions about access to them.
- Comply with instructions about access to other people's bedrooms.
- Arrive on time for meals and meetings.
- Comply with any restrictions on the use of mobile phones, smartphones, tablets, cameras, music players, etc.
- Comply with any restrictions on internet access, and viewing TV, videos and DVDs, etc.

**Excursions**

- Remain in your designated group, or with students allocated together
- Know which member of staff is your nominated leader.
- When unaccompanied by staff, ensure that you understand any instructions and limitations.
- Always carry your emergency contact card.

**Sanctions**

Failure to comply with this Code of Conduct will result in the implementation of the Behaviour Policy on return to school.

**I agree to abide by the above the Trips & Excursions Code of Conduct.**

Student's name: .....

Student's signature: .....Date .....

**I understand that my child must abide by the Trips & Excursions Code of Conduct.**

Parent/Carer's name:.....

Parent/Carer's signature: ..... Date: .....