

**OFF SITE FORM**  
**APPLICATION FOR THE APPROVAL OF OFF-SITE EDUCATIONAL VISITS**

## **CHECK LIST**

The group leader should complete this form before beginning any detailed planning or committing to any agreements with their groups. The group leader should have already received approval in principal from their Line Manager.

The following check list **must** be completed prior to submission of the offsite form to their Line Manager & Health & Safety Lead taking into consideration the relevant notice period and that **all** attachments are included.

<b>Date of Activity:</b>		<b>Date of Submission:</b> <i>(required 4 weeks before activity)</i>	
<b>Area:</b>			
<b>Youth Group:</b>			
<b>Group Leader:</b>		<b>Submitted By:</b>	Ian Parr

TASK ACTIONED	EVIDENCE ENCLOSED
Category	YES/NO
Off Site Form	YES/NO
Info Sheet to guardian	YES/NO
Consent Form	YES/NO
Risk Assessments	YES/NO
Base Contact Details	YES/NO

**PASS**

*When approval is given, one copy will be retained centrally and one copy will be returned to the group leader. The health & safety lead and your line manager should be informed of any subsequent changes in planning, organisation and staffing.*

<b>BSM approval:</b>		<b>Date:</b>	
Comments:			

**FAIL**

*Activity may not proceed unless the following recommendations are adhered to.*

Recommendations/amendments to be received by:	Date:	



For category A, B and C visits complete as appropriate. Insert N/A where not applicable

1. **Purpose of visit and learning outcomes: To take a group to try out new experiences/ sports that have been featured in the Olympics**

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2. **Place(s) to be visited:**

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**Cat C**  
(delete as applicable)

3. **Dates and Times**

**Departure**      Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Return**      Date: \_\_\_\_\_ Time: \_\_\_\_\_

4. **Transport Arrangements**

Include the name of the transport company if appropriate or identify the service vehicle(s) required and drivers.

Transport Company: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Minibus Driver(s) (if applicable) \_\_\_\_\_ Midas Number: \_\_\_\_\_

5. **Venue/Organising Company/Agency/Contracted Provider (if any)**

Include licence number if the body is registered with AALA.

Name: \_\_\_\_\_

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

Tel No: \_\_\_\_\_ Licence No: \_\_\_\_\_

6. **Financial Arrangements and Staffing Costs**

Staff Name	Contracted Sessions	Additional sessions	Total

Cost of contracted sessions as detailed above	
Cost of additional sessions as detailed above	
Cost of transport	
Cost of venue	
Cost of refreshments	
Any other costs	
<b>SUB TOTAL - A</b>	
Income from young people	
Any other funding	
<b>SUB TOTAL - B</b>	
<b>BALANCE TO PAY A minus B</b>	
Explain how any negative balance will be funded:	

7. **The Key Project Public Liability Insurance covers all members of the proposed party, including voluntary helpers. If additional cover is necessary include further information below:-**

**Insurance Company:**

**Policy No:**

8. **Accommodation to be Used:**

Name: \_\_\_\_\_

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

Post Code: \_\_\_\_\_ Tel No: \_\_\_\_\_

Head of Centre (if applicable):

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

9. **Details of the Programme of Activities. A copy of all risk assessments to be attached.**

10. **Details of any hazardous activity**

11. **Names, relevant experience, qualifications and specific responsibilities of paid and unpaid staff accompanying the party:**

**Confirm that all paid/unpaid staff are vetted/CRB checked: YES/NO**

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

12. **Details of contact person in the home area who holds all information about the visit or journey in case of emergency – incident procedures and base contact arrangements complied with.**

Name: \_\_\_\_\_

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

\_\_\_\_\_ Tel No: \_\_\_\_\_

**13. Existing knowledge of places to be visited and whether exploratory visit is intended:**

Both staff have been before.

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**14. Size and Composition of the Group**

Age Range: \_\_\_\_\_

No of Males: \_\_\_\_\_ No of Females: \_\_\_\_\_

Adult to Participant Ratio: \_\_\_\_\_

Assessment of group needs/special requirements: \_\_\_\_\_

**15. Information on Guardian Consent:**

Information on whether the group leader has received all consent forms duly completed and signed (guardian consent may precede or follow approval). Names of young people with special educational or medical needs should be within the Guardian Consent Forms.

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**PLEASE ATTACH A COPY OF INFORMATION SHEET SENT TO GUARDIAN, THE GUARDIAN CONSENT FORM, AND THE RISK ASSESSMENT FORMS FOR THIS VISIT.**

Group Leaders Full Name:			
Group Leaders Contact Number:			
Confirmation that the Line Manager and/or Health & Safety Lead have been consulted about this visit. ( <i>Delete as applicable</i> )	YES	NO	
Signature of Group Leader: ( <i>electronic signature acceptable</i> )		Date:	
Agreed by Line Manager: ( <i>electronic signature acceptable</i> )		Date:	
Agreed by Health & Safety Lead: ( <i>electronic signature acceptable</i> )		Date:	

### GUIDELINES GRID FOR OFFSITE AND HAZARDOUS ACTIVITIES

CATEGORY OF VISIT	APPROVAL LEVEL	DOCUMENTATION Submitted for approval	STAFF REQUIREMENTS	PLANNING DOCUMENTS
<b>Category A</b> such as; Educational trips Visits to the theatre, cinema or museum Sporting activities/team building Inter club/district events Visits to parks and public places Travel by minibus, coach or car	Line Manager	<u>Initial Approval - 4 Weeks Prior</u> Off Site Form Risk Assessments. Information to parents. Guardian Consent forms.	Group leader to be approved by Line Manager	Event Planning Checklist

<b>Category B</b> such as; Overnight stays or residentials. Residential training events	Health & Safety Lead via Line Manager	<b><u>Initial Approval - 4 Weeks Prior</u></b> Off Site Form Risk Assessments Information to parents. Guardian Consent forms	Group leader to have undergone a familiarisation process specific to the activity/location. Group leader to be approved by Line Manager	Event and Residential Planning Checklists
<b>Category C</b> such as; Camping and camping barns. Activities near water or in the outdoors. Low level walks. Cycling. Visit to registered Outdoor Centre. Activities delivered by contracted provider (AALA approved).  International Trips  D of E training, assessment.	Health & Safety Lead via Line Manager	<b><u>Initial Approval - 4 Weeks Prior</u></b> Off Site Form Risk Assessments. Information to parents. Guardian Consent forms   Consult with Health & Safety Lead  Map Tracing	Staff to have appropriate skills, knowledge and NGB qualifications for specific activities.  Group leader to have undergone a familiarisation process specific to the activity/location.  Group leader to be approved by Line Manager  Internal training, NGB Awards	Event and Residential Planning Checklists         Green forms for Wild Country.