



## SCHOOL POLICY DOCUMENT

# Out of School Activities Policy and Procedures

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<b>Authorised by: Kate O'Toole</b> <b>Date:</b>	<b>Signature:</b>

### 1.0 Purpose

The purpose of this policy is to establish a set of procedures for taking students out of college, which ensures the safety and safeguarding of all those involved. Such outings include educational visits and outdoor programmes.

### 2.0 Policy and Procedures

Select English Cambridge will follow policy and procedures to ensure that students and staff can safely enjoy any out of school activities planned as part of school programmes.

### 3.0 Scope

3.1 This policy and procedures covers school students and staff of Select English.

3.2 This policy and procedures covers any activity that involves leaving the school premises undertaken as part of a school course or social activity organized by the school.

### 4.0 Responsibilities

4.1 The Director of Studies is responsible for the development and implementation of this policy.

4.2 Teachers are responsible for managing this policy and procedures in relation to their own external activities.

4.3 Teachers are responsible for gaining appropriate authorisation for programmes involving hazardous activities or excursions.

4.4 Teachers ensure that copies of form E1 are available during hazardous activities and excursions, and must be contactable by the Director of Studies in the case of emergency contact being required outside school hours.

4.5 Teachers are responsible for ensuring the implementation of this policy and procedures.

4.6 Teachers are responsible for ensuring appropriate staffing is made available to mitigate risks identified in risk assessment.

4.7 The individual teacher (group leader) is responsible for the completion of all the appropriate forms, for any given activity or educational outing.

3.8 The Group Leader is responsible for risk assessing every activity in the context of specific students, taking into account the appropriate ratio of staff to students.

4.9 All staff involved in a particular activity or excursion are responsible for assisting the Group Leader in implementing the procedures.

4.10 The Director of Studies is responsible for holding completed, authorised copies of form E1 during any programme involving hazardous activities or excursions.

4.11 The Director of Studies is also responsible for holding completed forms E3/E4 for the duration of a non-hazardous activity or educational outing.

4.12 The Director of Studies is responsible for keeping a supply of the forms available to staff, and to support a smooth operation of the policy.

## **5.0 Procedure for non-hazardous activities and educational outings**

5.1 The designated member of staff in charge/Group Leader should complete the form E3, or E4 for participation in an Independent Travel Programme, before leaving with the group. This form incorporates a risk assessment of the activity for the named participants.

5.2 The completed form should be left with the Director of Studies.

5.3 The Group Leader must leave a contact number to enable the group to be contactable at all times.

5.4 On their return the Group Leader should file the E3/E4 form.

## **6.0 Procedure for programmes involving hazardous activities and educational outings**

1.1 The designated Group Leader is responsible for completing form E1 at least two weeks before the activity takes place. Form E1 incorporates an application for approval for the planned activities and educational outings. Form E2 is the confirmation of attendance on an educational outing, for emergency contacts.

6.2 In completing form E1 the Group Leader will ensure all necessary health and safety issues have been addressed.

6.3 A completed, authorised E1 form should be held by the Director of Studies and the Group Leader. That form is then available during the activity or outing in those two locations.

6.4 Details of the activities and educational outing are included in form E2 to be held by the emergency contacts of the named students. Emergency contacts must have the school contact phone number for out of hours emergencies.

## **7.0 Review of Policy and Procedures**

This policy and procedures will be reviewed in November of each year.

## FORM E1

Application for approval of:

- 1) All outdoor programmes involving hazardous activities
- 2) Educational excursions

To be completed by all Teachers/Group Leaders. Copies of this application to be held by:

- 1) The Director of Studies

### Section A

Destination:

Teacher/Group Leader:

Subject department:

Dates and estimated times of:

(a) Departure:

\_\_\_\_\_ (time) \_\_\_\_\_ (day) \_\_\_\_\_ (date)

(b) Return:

\_\_\_\_\_ (time) \_\_\_\_\_ (day) \_\_\_\_\_ (date)

Total number on trip:

\_\_\_\_\_ Staff (male) \_\_\_\_\_ Staff (female) \_\_\_\_\_ Student (male) \_\_\_\_\_ Student (female)

Brief description:

Form of transport (indicate type of vehicle and where it has been hired from)

**Section B – To be completed by Teacher/Group Leaders when outdoor pursuits are involved**

Indicate activities involved (e.g. climbing, skiing, hill walking, canoeing etc):

Qualifications and experience of Leader for proposed activity:

Level of activity planned:

Locations to be used (as precisely as possible):

Previous experience of the group:

**Section C**

Anticipated costs:	£
Travel:	£
Insurance:	£
Subsistence:	£
Other costs:	£
Total costs:	£



**FORM E2**

To be retained by named Emergency Contact

**CONFIRMATION OF ATTENDANCE ON AN EDUCATIONAL EXCURSION**

1. Dates and estimated times of

Departure .....

Return .....

2. Destination and phone contact

.....  
.....

3. Description of activities

.....  
.....

4. Member of staff responsibility for organising trip .....

5. College contact (Director of Studies) .....

Tel no. during school hours – **01223 364735**

Emergency telephone number – **07985 026835**

**FORM E3**  
**EDUCATIONAL OUTINGS**

Activity:.....

Venue/location:

.....

Details of route if applicable:

.....

.....

Date: .....

Estimated time of departure: .....

Estimated time of return: .....

Student names: .....

.....

.....

.....

.....

.....

Member of staff in charge of activity:

.....

Staff accompanying:

.....

Staff contact numbers:

.....



**FORM E4  
INDEPENDENT TRAVEL PROGRAMME**

Venue/Location:

.....

Details of route if applicable:

.....

Date: .....

Estimated time of departure: .....

Estimated time of return: .....

Student names: .....

.....

.....

.....

- Level of support
- 1. Total supervision
  - 2. Shadowing
  - 3. Progress check only

Member of staff in charge of activity:

.....

Staff accompanying:

.....

Staff contact numbers:

.....

## RISK ASSESSMENT CHECKLIST

### GENERAL

- |                                    | H                        | M                        | L                        |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Potential risk of activity      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Additional information attached |                          |                          | Y/N                      |

### ACTIVITY UNDERTAKEN

- |   |  |  |     |
|---|--|--|-----|
| 3. Have the participants had previous experience of a similar activity? |  |  | Y/N |
| 4. Have the participants been properly briefed?                         |  |  | Y/N |
| 5. The activity is appropriate for the participants                     |  |  | Y/N |
| 6. Has the route been planned and agreed with staff and participants?   |  |  | Y/N |

### RESPONSIBLE PERSON

- |  |  |  |     |
|--|--|--|-----|
| 7. Staff are aware of College Health and Safety Policy and Procedure   |  |  | Y/N |
| 8. A nominated person has been designated to lead the group            |  |  | Y/N |
| 9. Emergency contact telephone number has been identified and recorded |  |  | Y/N |

### PARTICIPANTS

- |   |  |  |     |
|---|--|--|-----|
| 10. Have the participants been made aware of the Health and Safety issues?          |  |  | Y/N |
| 11. If appropriate, Personal Protection Equipment (PPE) is provided to participants |  |  | Y/N |

**When complete, this form should be left with the Director of Studies**