

## La Rochelle

### Visit Type & Date

ID:	203248
Establishment:	<a href="#">06104 Ashton Community Science College</a> (01772513002)
Overseas:	<input checked="" type="checkbox"/>
Residential:	<input checked="" type="checkbox"/>
Adventurous:	
Adventurous (led by establishment staff):	
None of the Above:	
Dates:	18/07/2026 - 23/07/2026 (6 days)

### Staffing & Participants

Leader Name:	<a href="#">Laura Wilkins</a> - Female (07808 966954)
Attendee Group:	Year Groups 7- 9 For Ratio see Policy, Year Groups 10 - 11 For Ratio see Policy
Attendees on Reg:	0
Intended Attendees:	40(M=20 F=20)
Staff (Employees):	<a href="#">Laura Dawson</a> , <a href="#">Stephen Fern</a> , <a href="#">Susan Roberts</a> ,
Volunteers:	
Staffing:	4 Employees + 0 Volunteers = 4 Staff

### External Providers & Destination

Provider/Venue:	
Destination :	France
Venue/Accommodation address:	hotel in Theme park Poitiers

### Travel Arrangements

Travel Method:	
Travel Company:	

### Purpose & Activities

Primary Purpose:	Understanding the World
Secondary Purpose:	MFL
Intended Outcomes:	1. Using French for real purpose 2. Exploring French culture

### Emergency Base Contact

Who is the Base Contact for the duration of the visit?:	
Please give Base Contact Telephone Number (Office Hours):	
Please give an alternative Base Contact telephone number (mobile)::	

## Plan B

Give details of your Plan B (in case of cancellation etc):	refund in full
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## Joint Visit?

Is this a joint visit with another LCC establishment?:	
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## First Aid

Named First Aider:	
First Aid Qualification :	

## Other Persons (including children)

Are any of the accompanying adults on the visit related or connected to any of children/young people on the visit?:	
Do staff/volunteers have a close connection to, or related to any of the accompanying adults on the visit?:	
Is the Visit Leader related or connected to children/young people and/or other accompanying adults?:	

## Visit Times

Time of Departure::	08:35
Expected time of return::	19:35

## CFW Minibus usage

(For CFW use only:) From which District is the Minibus Booked?:	
Please give the Registration Number of the Minibus:	
Please give outline details of the Minibus route.:	

## Post Visit Evaluation

Were there any Incidents, Accidents or Near Misses during the visit?:	
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## Risk Assessments applicable to this Visit

Generic Risk assessments applicable to this Visit :	The following generic Risk Assessments (unaltered) apply to this Visit
Other Risk Assessments applicable to this Visit :	The attached Specific Risk Assessments apply to this Visit. These cover additional risks not included in the above generic risk assessments :

## Other Documents

Attached:	<b>Additional information</b> - None  <b>Insurance document</b> - if additional insurance cover has been arranged - None  <b>Letter to parents</b> - None  <b>Professional Support Letter (attached by LA)</b> - None  <b>Programme / Itinerary</b> - None  <b>Route maps (for D of E or Self-Led Walks)</b> - None  <b>Ski Course Organiser (SCO) Certificate</b> - None
Available:	

## Outline Approval :

Approval Type :	Submitted to :	Granted on :
EVC	Stephen Fern	19/11/2024 09:37:25
Governors	Stephen Fern	
SLT	Janet Hoyle	14/11/2024 16:01:46

## Approval Chain

Visit Form created: Laura Wilkins @ 13/11/2024

Additional Form Access granted to: [\[Edit\]](#)

Form ID : 203248

**Laura Wilkins --> General Note**

Sent @ 13/11/2024 09:37:23

Submitted for Outline Approval to Stephen Fern, Stephen Fern, Janet Hoyle

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Cancel