

| Document Title                   | School Trips Policy   |
|----------------------------------|---|
| Committee Responsible for Policy | Board of Directors (in consultation with Student Committees). |
| Review Frequency                 | Every 3 years   |
| Last Reviewed                    | May 2022 (Risk assessment updated Sept 23)                    |
| Next Review Due                  | June 2025   |
| Policy Author                    | Associate Headteacher (Karen Barrie)                          |

# Assessment of the Impact of a Policy on Equality & Diversity

| Policy: School Trips Policy   |
|---|
| Impact assessed by: R Lane Date: 15/9/2023  |
| 1. What is the potential for this policy impacting a person or group with a protected characteristic differently (favourably or unfavourably) from everyone else?           |
| Students from protected groups, such as disabled students, may have fewer opportunities to take part in trips.  |
| 2. How would this be evidenced?   |
| By monitoring participation in trips or engagement with wider learning in general.  |
| 3. Is there evidence that the operation of the current policy might impact a person or group with a protected characteristic differently from everyone else?                |
| No. Participation of disabled students is lower but this does not appear to be due to the policy.   |
| 4. If the answer to 3 is 'Yes', please provide details and evidence.  |
| 5. How might the new policy change this?  |
| 6. Are there any other changes to the policy which might impact a group with a protected characteristic differently from everyone else?                                     |
| No  |
| 7. If the answer to 6 is 'Yes', please provide details and evidence.  |
| 8. Policies are required to reduce or eliminate inequality and disadvantage and promote diversity. Does this assessment indicate that the Policy passes or fails this test? |
| PASS  |

## **School Trips Policy**

## 1 Statement of Principle

The Directors, Governors and staff of Twyford Church of England Academies Trust believe that all students should be able to participate in a variety of off-site learning opportunities and residentials whilst at school. The Directors value the contribution made by staff to the residential programme, which is an enriching experience for all.

We believe that every student, whatever their means, should have the opportunity to go on at least one residential visit in Years 7 – 13

Each Trust school will appoint an Education Visits Co-ordinator (EVC) who will be a member of SLT

## 2 Aims

Off-site and residential visits should meet all or most of the following criteria:

- a. Experiencing a different environment from the urban community in which Twyford Trust schools are set, to encourage self-reliance.
- b. An opportunity for personal development
- c. An opportunity to learn more about being part of a team
- d. An experience of living in a community which promotes individual responsibility for personal & group organisation
- e. A range of opportunities at a variety of costs, with the emphasis on trips which offer "value for money"
- f. Curriculum relevance whether in outdoor pursuits, PSHE or subject based study

#### 3 Routines

- a. No residential should be organised for September
- b. Before any trip can be authorised, it is essential to follow the planning routine (see Appendix A: School Visits Guidelines.)
- c. Once the trip has been authorised the trip leader should complete the compulsory forms for the trip (SV1, SV2 & SV4)
- d. Once the compulsory forms have been received by the SLT member in charge of the trip the Associate head (or EVC) will sign the SV1 part 2 form (confirmation for the trip to proceed)
- e. If there are any major changes to the advertised itinerary (e.g. significant flight delays etc.) then the party leader MUST contact the school, or EVC or a named senior member of staff to advise of the enforced changes at the earliest possible opportunity
- f. It is the SLT (informed the EVC) who decide when "new" trips might take place in the school year. Residential's also need to be agreed by the Governors student committee in the June meeting. It is suggested that expensive trips might well operate every two years.
- g. Staff are reminded that all outdoor activity centres must be vetted prior to booking before any residential trips depart, the students and parents must be fully briefed about expectations and details about the residential must be given in writing to both Parents and the Headteacher. These details should be appropriate to the students' age. Students must also sign a behaviour contract.

## 4 Staffing

Staffing ratios should adhere to those laid down by the LA/ school and ensure appropriate supervision and adherence to Health & Safety regulations

## 4.1 STAFFING FOR all trips:

- a. Should include the member of staff who has completed the compulsory forms for the trip, usually the trip leader. For field trips that run over two days as separate trips, the person who completed the form may delegate responsibility to run the second day to another experienced member of staff
- b. Should include someone who has the appropriate skills, knowledge, experience needed for the content of the trip
- c. Should aim to reflect the gender balance of the party
- d. Should aim to reflect staffing from the appropriate year/curricular content of the trip
- e. Should try to minimize cover implications where possible

#### 4.2 STAFFING FOR residentials

As above, but also:

- a. Must include at least ONE very experienced/senior member of staff (e.g. HOD/HOY or above)
- b. Must have someone who has a first aid qualification

STAFFING on the Activities week will be organised by the Activities Week Co-ordinator in conjunction with the EVC and trip organiser/or Head of Year.

### 5 Information for Parents

It shall be the responsibility of the EVC/ Associate head to produce on an annual basis, a list of approved residential for inclusion in The Induction Handbook for new students Year Ahead booklets together with an indication of the costs involved and brief details of the residential.

## 6 Appendices linked to the schools trips policy

Appendix A – School visits guidelines

Appendix B – Proposed residential form

Appendix C – SV1 (parts 1 & 2 – approval for trips form)

Appendix D – SV2 (risk assessment form)

Appendix E

- E1 –SV3 (letter to parents for a residential)
- E2 –SV3( letter to parents for a day trip that requires a payment)
- E3 –SV3 (letter to parents for a day trip that does not require a payment)

Appendix F – SV4 (parental letter of consent form)

Appendix G – SV5& SV9 (list of pupils and relevant details and emergency contact information)

Appendix H – SV 6 -Behaviour contract for students & parents to sign

## **Appendix A: School Visits Guidelines**

Our policy is to encourage a wide range of off-site learning opportunities for students. These always have to be balanced with the need of staff and students for a stable working environment. Current practice is regularly reviewed within departments and years and by SLT.

These guidelines are addressed to anyone intending to organise a school visit. The school visits forms should be completed when you have checked through the guidelines.

Additional guidance about the running of trips can be obtained from the borough representative for residentials. Insurance cover for all trips is provided by the trust and details of the policy can be found on the school VLE. A copy of the Trust charging policy is also found on the Trust VLE site.

## A: PLANNING A Trip

## 1. The Original Idea

- All visits should have a clear connection with the school's stated curricular aims.
- Our policy statement on residential experience sets out our aims for off-site experience.

## 2. Getting permission to run the trip

- Firstly discuss your idea with your Head of department/ head of year and SLT link.
- Before any trip is organised or publicised to parents/ students you must get permission for the trip
  from the EVC. They will need to look at the calendar and agree a suitable date with you. Trips that have
  not been calendared from the start of the academic year may not be granted if the calendar is tight for
  the date you have requested
- Permission for residential visits will be needed from the Associate Headteacher and Governors. Residential trips are agreed in June for the following academic year.

### 3. Timing and notice

- Residential visits should be planned BEFORE the calendar is made up for the coming school year. Staff
  will be asked to complete a proposed residential form at the start of the summer term (Appendix B)
  which the EVC will present to the governors' student committee. Permission for residential trips for
  the following year will be given in the second half of the summer term, following the Governors
  meeting.
- All other visits should be planned with at least 4 weeks' notice
- Periods to avoid: September, any quarterly assessment weeks and the first half of the Summer Term.

## 4. Booking

- Check your dates and times very carefully indeed.
- For school minibuses, see Site Office/Administration.

#### 5. Which students to take

- DO take everyone you feel confident about.
- DO NOT take anyone who has been banned from trips for residential trips this will include anyone who
  has reached Pastoral Stages 4 or 5 during the academic year. This should be checked with Heads of
  Year.
- As a general rule, ensure that at least one of the staff accompanying the group knows those students well.

#### 6. Payment

- No student should be excluded from a school visit on grounds of cost.
- Pupil premium students are given £100 at the start of each academic year to support payment for noncompulsory activities. They can use this money to help fund a residential or day trip
- Following discussion with the Finance office, ask for a realistic contribution, covering all costs, including a factor for non-payment and for staff costs.
- All payments should be made through ParentPay. Members of staff should NOT collect money for ANY trips.
- If a student has made payments towards a school trip and subsequently is banned as a result of reaching pastoral stages 4 or 5 they cannot assume that monies already spent will automatically be refunded. This will not happen if non-refundable payments towards the trip have already been made.

#### 7. Staffing Ratios

- Day trips within the UK where there is minimal risk e.g. trips to museums, cultural centres -staff ratio is 1:15.
- Day trips where there is a degree of risk involved e.g. Activity centres, fun fairs, Sports involving water staff ratio is 1:10
- Overnight trips in the UK and Abroad must have a minimum of two teachers (ideally 1M and 1F) and a staff ratio of 1:10.

#### **B: ORGANISING THE TRIP**

Before a day trip –complete the following paperwork:

## 1. SV1 Approval of Educational Visit

- At least 4 weeks before
- Forward to the EVC
- Wait for written permission from the EVC to go ahead via SV1 part 2

#### 2. SV2 Risk Assessment

- For all trips, this form needs to be completed at least 4 weeks before the trip takes place.
- Any generic risk assessment used MUST be adapted to fit the needs of your particular trip
- Please ensure that you have gone through the risk assessment with staff and the students you are taking before the trip takes place

## 3. SV3 Letter to parents

Examples of model letters to parents are in Appendix E. You must include: -

- Place of visit
- Dates and timing of the trip (particularly when you expect to return to school)
- Dismissal arrangements
- Itinerary for the trip, mode of transport, accompanying staff.
- Special requirements e.g. clothing, food, spending money.

- Reminder that students who are on a trip during school hours should be in full school uniform unless advised otherwise.
- Reminder that only school phones will be allowed on any trip (residential or otherwise) –no SMART devices may be taken on any school trip
- Behavioural expectations

## 4. External trip form for cover

• Ensure all staff going on trip complete this form (available on the VLE in the Admin/Cover section) at least two weeks in advance of the trip. The form should be countersigned by your line manager so that they are aware that the trip has been given the go-ahead.

### 5. List of students going

• List of names should be given to HOY and SLT for agreement and to ensure no students who students who are banned or who are a safety risk are taken

Before a residential you should complete the following paperwork:

- a. SV1 Approval of Educational Visit
- b. SV2 Risk Assessment
- **c. SV3 Letter of parental consent** must be sought for all trips.
- d. SV4 residential parent consent must be completed for all residential trips
- e. Behaviour contract
  - You may also want students to sign a behaviour contract before the trip (see Appendix H SV6).

#### f. List of students going

• List of names should be given to HOY and SLT for agreement and to ensure no students who are a safety risk are taken (SV5)

## g. External trip form for cover

• Ensure all staff going on trip complete this form (available on the VLE in the Admin/Cover section) at least two weeks in advance of the trip. The form should be countersigned by your line manager so that they are aware that the trip has been given the go-ahead.

## On the day of the trip

- Please ensure that you have a complete list of names of students
- Allocate groups of students to each member of staff
- Check student names at key points during the trip e.g. before you board a train.
- If travelling by coach staff must be sat at the front, middle and back of the coach to ensure good behaviour and no litter left behind
- Agree clear visible meeting points and agreed meeting times for students if they are to be allowed unsupervised time.
- Make sure that all parents have been made aware of your return time, particularly if this is after the
  end of the school day. You should keep reception informed of any changes to these arrangements
  during the day so that they can alert parents. Please report to reception when you return if it is during
  school hours.

- For all residential visits you must take with you the parental consent forms in cases of an emergency such as needing to take a student to hospital.
- Copies of passports must be handed to administration team with behaviour contracts. Remember that some students will have difficulties with immigration authorities, either in the country being visited or in Britain itself

### **Emergency contacts**

• You must have the school's number with you on all visits:

| • | Twyford        | 020 8752 0141 |
|---|----------------|---------------|
| • | William Perkin | 020 8832 8950 |
| • | Ada Lovelace   | 020 8832 8950 |
| • | Ealing Fields  | 020 3711 0022 |

- You must have the students home numbers with you on all residential visits and on journeys where you will get back at a late hour
- You must have a contact number for a senior member of staff for all residential visits.
- You must have details of the Trusts travel insurance policy and the procedure for making claims. These are available in the Admin/School Visits section of the VLE.

#### If something goes wrong

- You are in charge and, in consultation with your colleagues, must make sure what appears to you to be the wisest decision.
- As a general rule, always aim to keep the party together.
- Keep the EVC or any other designated senior member of staff at the school informed.
- Keep a written log of what happened
- Make a full verbal and written report to the head teacher/ senior member of staff as soon as possible.
- Do not speak to the press. Ask them to contact the school for a press release if appropriate.

## Staff responsible for organising a trip

Further school trips guidance documents can be found on Copia/Resources/Administration and Communications/School Visits and Exchanges

# PROPOSED RESIDENTIAL FORM Please give as much information as possible on this form. Please type in the boxes on the right where necessary. **Proposed Trip/Destination/Description:** Member of staff responsible for organising trip: Year group(s) involved and approx. numbers: Number of staff involved and names: Time of year you propose the trip occurs: The trip will take place during: **School Days** (tick all that apply) Weekend **Holidays** Please tick the category that best describes this trip: Curriculum requirement Curriculum desirable School ethos **Pastoral** Other (define below) Please now give as much detail as possible about what occurs on the trip and how it fits the category(ies) ticked above: Estimated cost of the trip to the students: £ Do not forget additional admin costs If this trip could not run when you suggest, are there other times when it could run, or other year groups for whom it might be appropriate: Signed: Date: Thank you for your time. Please return the form to the **EVC** and remember to liaise with Finance on all trips

## Appendix C: SV1 parts 1 and 2



# **Twyford CofE Academies Trust**Form **SV1**

| Cof E<br>Academies Trust  |  |
|---|--|
|   | LICATION FOR THE APPROVAL OF EDUCATIONAL VISITS BY EVC or ASSOCIATE ADTEACHER  |
| School:   | ☐ Ada Lovelace CofE High School  |
| Mark as   | ☐ Ealing Fields High School  |
| appropriate   | ☐ Twyford CofE High School   |
|   | ☐ William Perkin CofE High School  |
| Group Leader  | Click here to enter text.  |
| (or Organiser):   |  |
| group leader. The organisation, staffi governors or LEA. approval must be g | given, a copy of this form must be retained by the head teacher and also by the head teacher must be informed of any subsequent changes in planning, ng or pupil numbers. If required the head must seek approval from the school For category 1 and 2 visits forms are kept at the school. For category 3 and 4 visits gained from the Education Safety Office. |
| Purpose of visit:   | Click here to enter text.  |
| Educational Objectives:   | Click here to enter text.  |
| 2. Places to be v   |  |

| 3. | Dates | and | tim | DC. |
|----|-------|-----|-----|-----|
|    |       |     |     |     |

| Departure |                             | Return |                 |
|-----------|-----------------------------|--------|-----------------|
| Date:     | Click here to enter a date. | Date:  | Click here to   |
| Time:     | Click here to enter text.   | Time:  | Click here to e |

| Return |                             |
|--------|-----------------------------|
| Date:  | Click here to enter a date. |
| Time:  | Click here to enter text.   |

| 4. | <b>Fransport arrangements:</b> (Include the name | e and addres | ss of the transpo | rt company and |
|----|--|--------------|-------------------|----------------|
| wh | ere vehicles are involved vehicle registratio    | n number(s)  | ).                |                |

| Click here to enter text. |  |  |
|---------------------------|--|--|
|                           |  |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |

## Fill in sections 5, 6 and 7 following only if applicable.

5. Organizing Company/Agency (if any): (Include licence reference number if the body is registered with the Adventure Activities Licensing Agency

| Name:                     | Address:                        |
|---------------------------|---------------------------------|
| Click here to enter text. | Click here to enter text.       |
| Telephone number:         | License number (if registered): |
|                           |                                 |

| 6. | Proposed | Cost and | financial | arrangements |
|----|----------|----------|-----------|--------------|
|    |          |          |           |              |

| <u>.                                    </u> | rroposed cost and infancial arrangements. |
|--|---|
| £  |   |
|  |   |
|  |   |
|  |   |
|  |   |

## 7. Accommodation to be used:

| · /tee-initedation to be docu. |                           |  |  |
|--------------------------------|---------------------------|--|--|
| Name:                          | Address:                  |  |  |
| Click here to enter text.      | Click here to enter text. |  |  |
| Telephone number:              | Name of head of Centre:   |  |  |
| Click here to enter text.      | Click here to enter text. |  |  |

| <ol><li>Brief details of active</li></ol> | ities (for all visits):  |
|---|--|
| Click here to enter te                    | xt.  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   | activity here. (Give details of the hazards and the associated planning,   |
|   | affing in the Risk assessment form SV4)                                    |
| Click here to enter te                    | xt.  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| 10 Names valouent ou                      | and and an alifications and an arific resonantibilities of school stoff    |
| •   | perience, qualifications and specific responsibilities of school staff     |
| accompanying the p                        | ·  |
| Click here to enter te                    | XT.  |
|   |  |
| If a residential trip:                    |  |
| First Aider Name:                         | Click here to enter text.  |
| Date of certificate:                      | Click here to enter a date.  |
|   |  |
|   |  |
| 11. Names, relevant qu                    | alifications and specific responsibilities of other adults (non-staff)     |
| accompanying the p                        | party:   |
| Click here to enter te                    | xt.  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| 12 Name address and                       | telephone number of the contact person at school who holds all information |
|   | urney in case of emergency, including out of hours contact.                |
| School reception:                         | □ 020 8832 8950 (Ada Lovelace)   |
| Januar reception.                         | · · · · · · · · · · · · · · · · · · ·                                      |
|   | □ 020 3711 0022 (Ealing Fields)  |
|   | □ 020 8752 0141 (Twyford)  |
|   | ☐ 020 8832 8950 (William Perkin)   |
| Out of Hours Contact                      | t: Click here to enter text.   |

| Chek here to chek   | er text.                         |  |              |                              |      |
|---|----------------------------------|--|--------------|------------------------------|------|
|   |                                  |  |              |                              |      |
|   |                                  |  |              |                              |      |
|   |                                  |  |              |                              |      |
|   |                                  |  |              |                              |      |
| 14. Size and compo  | sition of                        | group:   |              |                              |      |
| Age range:  |                                  | Click to type                                  |              |                              |      |
| Number of stude   | ents:                            | Click to type                                  |              |                              |      |
| 'Staff to pupil' ra   | atio:                            | Click to type                                  |              |                              |      |
| Group Compositi   | ion:                             | Choose an item.                                |              |                              |      |
| 15. The group leade   |                                  |  |              |                              | NIII |
| be participating  |                                  | * <b>D</b> v                                   |              |                              | WIII |
|   |                                  | irm: □ Yes                                     |              |                              | WIII |
| be participating Please check box  16. Information to                                       | to conf                          |  | ıs sent to p | arents and the risk assessme |      |
| be participating  Please check box  16. Information to Please attach a co                   | cto conf<br>accompa<br>py the p  | any this form:                                 |              | arents and the risk assessme |      |
| be participating  Please check box  16. Information to Please attach a co                   | cto conf<br>accompa<br>py the p  | any this form:<br>arental consent form (SV7) a |              | arents and the risk assessme |      |
| be participating  Please check box  16. Information to Please attach a co form SV4. (Permis | cto conf<br>accompa<br>py the p  | any this form:<br>arental consent form (SV7) a |              | arents and the risk assessme |      |
| be participating  Please check box  16. Information to Please attach a co form SV4. (Permis | accompa<br>py the p<br>ssion car | any this form:<br>arental consent form (SV7) a | se forms)    |                              |      |

Insurance arrangements for all members of the proposed party, including voluntary helpers:

The Trust has a blanket policy in force that covers all persons associated with the activity. Details of the policy are available in the Admin/Schools Visits section of the VLE.

## Form SV1 Part 2: CONFIRMATION FROM EVC FOR VISIT TO GO AHEAD

## To be completed by the EVC

## To the group leader:

| Place to be visited: | Click here to enter text. |                           |     |                           |
|----------------------|---------------------------|---------------------------|-----|---------------------------|
| Dates of visit:      | From:                     | Click here to enter text. | To: | Click here to enter text. |

- a. Please ensure that I have all relevant information including a final list of group members, details on parental consent and a detailed itinerary at least 7 days before the party is due to leave.
- b. On return, your report and evaluation of the visit including details of any incidents must be with me as soon as possible but normally no later than 7 days after the party returns.

| I have studied this an including the plannin Approval is given.  Signed: | Date: Click here to enter a date. |  |
|--|-----------------------------------|--|
| Full name of EVC   | Click here to enter text.         |  |

A copy of the completed application form and details of any subsequent changes must be retained by the EVC. A copy must also be available for the responsible authority (LEA and/or governing body).

## Checklist:

| FORM   | DATE SEEN                   |
|--|-----------------------------|
| SV1 part 1                                   | Click here to enter a date. |
| Risk Assessment SV2                          | Click here to enter a date. |
| Parental consent form (SV3)                  | Click here to enter a date. |
| (as sent to parent, not completed forms from |                             |
| parents)                                     |                             |

## Appendix D: SV2 Risk Assessment

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| Twy | ford          |
|     | E<br>es Trust |

# Twyford CofE Academies Trust Risk Assessment – SV2

| Twyford        |  |
|----------------|--|
| William Perkin |  |
| Ealing Fields  |  |
| Ada Lovelace   |  |

| Purpose of Educational Visit:                   |  | Person in Charge: |
|---|--|-------------------|
| Location/Venue of Educational Visit:            |  | Signature:        |
|   |  | Date:             |
| Does the venue have its own risk assessment?    |  | Yes/No            |
| If yes, please send to EVC with other documents |  |                   |

| SIGNIFICANT HAZARDS  | PEOPLE AT RISK  | CONTROL MEASURES   | Additional Control Measures   |
|--|---|--|---|
| List significant hazards which<br>may result in serious harm or<br>affect several people | (Who may be affected i.e. pupils/students, staff or all etc.) | (List existing controls or note where the information may be found e.g. information, instruction, training, systems or procedures) | Relevant to the venue, activity, students, for hazards which are not already adequately controlled. If a major hazard (likely/high impact) cannot be adequately controlled, then the trip should not proceed. |

| Travel:                        |                        |   |  |
|--------------------------------|------------------------|---|--|
| Public transport – bus, train, | Students, teachers and | In advance:   |  |
| taxis                          | adult helpers          | issue emergency plan to follow in case of                                       |  |
|                                |                        | <ul><li>separation</li><li>provide details of destination and contact</li></ul> |  |
|                                |                        | numbers   |  |

|                   |                                      | <ul> <li>prepare contingency plans for delays, cancellations or insufficient capacity for the group</li> <li>plan routes carefully</li> <li>Meeting point to be arranged and advised to all students in case of separation</li> <li>Provide mobile phones to group supervisors and advise numbers to whole group</li> <li>Provide close supervision in crowded areas</li> <li>Carry out head counts when getting on and off vehicles</li> <li>Establish smaller groups with own leader to enable better supervision</li> </ul> |  |
|-------------------|--------------------------------------|--|--|
| Hired coach / bus | Students, teachers and adult helpers | <ul> <li>Use LEA approved companies or reputable firms with correct Operators' licence</li> <li>Ensure all coaches / buses are fitted with seat belts</li> <li>Ensure provider plans route carefully to include driver fatigue breaks</li> <li>Check weather conditions</li> </ul>   |  |
| Minibus           | Students, teachers and adult helpers | In advance:     ensure driver appropriately trained and licensed     ensure minibus correctly maintained and safety checked     ensure minibus has forward facing seats with fitted seat belts and that seat belts are used     Check weather conditions     Ensure luggage on roof does not exceed recommended weight     Ensure luggage inside vehicle is securely stored and clear of the aisle     Plan routes carefully to include driver fatigue breaks     Provide mobile phones to drivers                             |  |
| Whilst on foot    | Students, teachers and adult helpers | In advance:  • issue emergency plan to follow in case of separation  |  |

| Venue:                |                                      | <ul> <li>provide details of destination and contact numbers</li> <li>Meeting point to be arranged and advised to all students in case of separation</li> <li>Provide mobile phones to group supervisors and advise numbers to whole group</li> <li>Plan routes carefully to avoid obvious hazards and danger points</li> <li>Advise students of code of conduct to be followed at all times</li> <li>Provide close supervision in crowded areas and carry out head counts</li> <li>Use smaller groups with own leader to enable better supervision</li> </ul> |
|-----------------------|--------------------------------------|---|
| Injury during visit   |                                      | <ul> <li>In advance:</li> <li>Establish emergency procedures and contact numbers provided</li> <li>Provide mobile phones to group supervisors and advise numbers to whole group</li> <li>Ensure first-aid equipment and trained supervisors are provided</li> <li>Ensure adequate supervision of students</li> <li>Issue instruction and information for all in group</li> <li>Establish meeting place for use in case of separation</li> <li>Issue code of conduct for visit</li> </ul>  |
| Different buildings   |                                      | •   |
| Toilet facilities     |                                      | •   |
| Catering arrangements |                                      | •   |
| Adverse Weather:      |                                      |   |
|                       | Students, teachers and adult helpers | <ul> <li>In advance:</li> <li>obtain detailed weather forecasts and call off event if unsuitable</li> <li>issue advice on appropriate clothing and footwear, sun cream, food and drink</li> <li>Provide sun cream</li> <li>Provide adequate food and drink</li> </ul>   |

|  |                                      | Establish emergency procedures and provide contact numbers  |
|--|--------------------------------------|---|
| Senaration:  |                                      | contact numbers   |
| • Getting Lost   | Students, teachers and adult helpers | <ul> <li>In advance:         <ul> <li>establish emergency plan to cover students getting lost and communicate plan to whole group</li> </ul> </li> <li>provide written details of destination address and contact numbers</li> <li>Assign each individual to a group leader</li> <li>Establish groups with leader</li> <li>Arrange meeting point in case of separation and advise all students</li> <li>Issue a code of conduct for visit</li> <li>Provide mobile phone to group supervisors</li> </ul> |
|  |                                      | and issue numbers to whole group  |
| Infections   |                                      |   |
| <ul> <li>Covid 19 infection or<br/>similar and control<br/>measures</li> </ul> | Students, teachers and adult helpers | <ul> <li>Contingency plans/clear rules in place in the event of a leader of student becoming infected and taking suitable precautions to avoid spreading the infection (separation/distancing from the main group).</li> <li>Contingency plans/rules take into account participants with particular vulnerabilities.</li> </ul>   |
| Other – add any other risks which  | h may be specific to this visit      |   |
| Single member of staff   | Students and teacher                 | <ul> <li>Year 7-11 students to be allowed to take their school mobile only on visit</li> <li>Students to be issued with school contact number</li> <li>School to have member of staff alerted/designated to join group</li> </ul>   |
| Terror Attack/Incident   |                                      | •   |
|  | of the level of threat and           | <ul> <li>Advice from British Red Cross</li> <li>Before a terrorist attack</li> <li>Be vigilant. Terrorist attacks usually happen in public places. Keep a watch for suspicious behaviour, vehicles or packages.</li> </ul>  |

- Be vigilant to suspicious behaviour and activity in the area
- Event is not considered to be of significant risk of terror attack
- Run, Hide, Tell Run (to safety), Hide (be sure to turn phone to silent), Tell (call the police when it is safe to do so).
- If you have any fears or suspicions, tell the police. You can call the confidential Police Anti-Terrorism Hotline on 0800 789 321.
- When you're in buildings and on public transport, make sure you know where the emergency exits are.
- During an incident
- Find the safest way to leave the area. Move as quickly and calmly as you can.
- If there's a fire, stay low to the floor and exit as quickly as possible. Cover your nose and mouth with a wet cloth if you can. If a door is hot to the touch, don't open it.
- If there's an explosion outside a building, stay inside. Keep away from windows, lifts and outside doors in case there's another bomb nearby.
- If you saw the explosion or any suspicious behaviour, tell the police.
- After an incident
- Help others with <u>first aid</u> if it's safe to do so
- Tell the police if you saw anything that might be useful.
- If you're concerned about a loved one, contact the police.
- You could be suffering from shock but not realise it. See a doctor as soon as possible.

## **Appendix E1: SV3 Letter to parents**

# Residential Letter Template (Part 1 – initial advert)

| Date  |
|---|
|   |
|   |
| Dear Parent/Carer   |
| RE: Trip Name We are delighted to announce a forthcoming trip to XXXXXX on XXXXXXX. The total cost of the trip will be £ XXX  |
| Students who are eligible for Free school meals, looked after children or service children are entitled to £100 credit each year, which can be used to pay for school trips).   |
|   |
| <u>Trip information</u>   |
| The trip will be run on a first-come-first-served basis but the final decision regarding the students travelling will be made by the Senior Management Team and Head of Year. They will continue to monitor behaviour records, punctuality and effort, in order to ensure that our offer is fair for all students. Students selected will be expected to maintain a high standard of behaviour; failure to do so may put their place in jeopardy. |
| To secure a place for your child, please pay the non-refundable deposit of £XXX by the deadline of: XXXXX via <a href="https://www.parentpay.com">www.parentpay.com</a> . Kindly note that once the trip is full, it will no longer appear on Parentpay.com.  |
| If you subsequently decide to withdraw your child from the trip please notify me in writing by XXXX. Any parents not notifying withdrawal by this date will be liable for the full cost of the trip.  |
| Please also note that a student who has already reached (or reaches before the trip happens) pastoral stages 4 or 5 will not be allowed to attend the trip (refunds will only be made on monies not already spent towards the trip e.g. tickets)  |
| Please remember that pupils with medical conditions must be responsible for their own medication throughout the trip. If your child does not have their medication with them before departing, they will not be permitted to go.  |
| Students should only bring school issue phones with them on the trip, SMART devices should not be taken.  |
| An information letter, including details of the payment plan, will follow in due course.  |
| Yours sincerely,  |
| Trip Organiser<br>Email address   |

## **Appendix E2: SV3 Letter to parents**

# **Day Trip Letter Template**

(Payment Needed)

| Date  |
|---|
| Dear Parent/Carer   |
| RE: Trip Name   |
| We have an exciting opportunity to Trip Name at Place/where on Date, at Time.   |
| The cost of the trip is £xxxxxxxxxx.  |
| TRIP DETAILS  |
| I.e. details of the venue, travel arrangements, timings of the trip, food, dismissal arrangements, etc.   |
| Please visit <u>www.parentpay.com</u> to pay the trip fee by xxxxxxxxxxxx. Please ensure you tick the permission box and list any medical conditions in the notes section on ParentPay.       |
| Pupils with medical conditions must be responsible for their own medication on the day of the trip. If your child does not have their medication with them, they will not be permitted to go. |
| Students may only bring school issue phones on the trip and these must be kept out of sight during the trip   |
| Yours Sincerely,  |
| Trip Organiser  |
| Email address   |
|   |
|   |
|   |

## **Appendix E3: SV3 Letter to parents**

## **Day Trip Letter Template**

(No payment needed)

| Г | _ | +. | $\overline{}$ |
|---|---|----|---------------|
|   |   |    |               |

Dear Parent/Carer

## **RE: TRIP NAME**

We have an exciting opportunity to Trip Name at Place/where on Date, at Time.

## **TRIP DETAILS**

I.e. details of the venue, travel arrangements, timings of the trip, food, dismissal arrangements, etc.

There is no cost for this trip as it is part of the curriculum offer, however you **must complete the permission slip below and return it to school** via email or by hand.

Pupils with medical conditions must be responsible for their own medication on the day of the trip. If your child does not have their medication with them, they will not be permitted to go.

Students may only bring school issue phones on the trip and these must be kept out of sight during the trip

| Yours Sincerely,                           |  |
|--|--|
| Trip Organiser<br>Email address            |  |
| <b>&gt;&lt;</b>                            |  |
| To: TRIP LEADER                            |  |
| RE: Trip Name                              | Date of Trip:  |
| I/we give permission                       | for the student below to participate in <b>trip name</b> . |
|  |  |
| Student Name:                              | Reg. Group   |
|  | Reg. Group   |
|  |  |
| Signed:                                    |  |
| Signed:lf applicable:  Medical Conditions: | (Parent/Carer)   |

## **Appendix F: SV4 Parental consent for residentials**

# **Twyford CE High Academies Trust**

# **Parental Consent Form for Residential Trips (Involving Overnight Stays)**

| Visit to:                                | Click here   | to enter te | ext.      |                 |                            |  |
|--|--------------|-------------|-----------|-----------------|----------------------------|--|
| Date from:                               | Click here   | to enter a  | date.     | Date to:        | Click here to enter a date |  |
| Section A: Contact                       | Details      |             |           |                 |                            |  |
| Student Name (as appe                    | ears on pass | port):      | Click her | e to enter text | t.                         |  |
| Date of Birth:                           | Click here   | to enter te | xt.       |                 |                            |  |
| Home Address:                            | Click here   | to enter te | ext.      |                 |                            |  |
| Parent Email Address:                    | Cl           | ick here to | enter t   | ext.            |                            |  |
| Parent Work Tel. Numb                    | oer 1:       | ick here to | enter t   | ext.            |                            |  |
| Parent Work Tel. Numb                    | oer 2:       | ick here to | enter t   | ext.            |                            |  |
| Mobile Contact Numbe                     | er 1: Cl     | ick here to | enter t   | ext.            |                            |  |
|  |              |             |           |                 |                            |  |
| Mobile Contact Number                    | er 2: Cl     | ick here to | enter t   | ext.            |                            |  |
| Alternative Emergency (Name and Number): | Contact      | Click here  | e to ente | er text.        |                            |  |

| Name and Address of Do                          | octor:      | Click here to enter           | text.                  |            |      |  |
|---|-------------|-------------------------------|------------------------|------------|------|--|
| Doctor Tel. Number:                             |             | Click here to enter           | text.                  |            |      |  |
| Child's National Health S<br>Number:            | ervice      | Click here to enter           | text.                  |            |      |  |
| Section B: Medical                              | Details     |                               |                        |            |      |  |
| Does your child suffer w                        | ith any ai  | lments? (e.g. Asthm           | a, Hayfever, Eczema)   | Yes        | □ No |  |
| If YES, please specify:                         | Click he    | re to enter text.             |                        |            |      |  |
| Does your child take any                        | medicat     | ion?                          |                        | Yes        | □ No |  |
| If YES, please specify:                         | Click he    | re to enter text.             |                        |            |      |  |
| Is your child an EPI-PEN                        | Carrier?    |                               |                        | Yes        | □ No |  |
| If YES, please ensure the                       | teacher i   | n charge of the visit         | is given an additiona  | I EPI-PEN. |      |  |
| Is your child allergic to a wasp stings, foods) | nything?    | (e.g. penicillin, feath       | er pillows, plasters,  | Yes        | □ No |  |
| If YES, please specify:                         | Click he    | ere to enter text.            |                        |            |      |  |
| Does your child have any Vegan etc.)            | y special ( | dietary restraints? <i>(E</i> | .g. vegetarian, Halal, | Yes        | □ No |  |
| If YES, please specify:                         | Click he    | re to enter text.             |                        |            |      |  |
| When did your child last                        | have a te   | etanus injection?             | Click here to enter    | text.      |      |  |

| Swimm                   | ing Ability  |   |         |        |         |         |   |
|-------------------------|--|---|---------|--------|---------|---------|---|
| Is your c               | hild able to swim 25 metre                             | es?   | Yes     |        | No      |         |   |
| Is your c               | hild water confident in a p                            | ool?  | Yes     |        | No      |         |   |
| Is your c               | hild confident in the sea o                            | r in open inland water?                           | Yes     |        | No      |         |   |
| Is your c               | hild safety conscious of wa                            | ater?   | Yes     |        | No      |         |   |
| Giving                  | g consent below does n                                 | ot remove the need for group leaders              | to as   | certai | n for t | hems    | selves the level of the pupil's swimming ability  |
| For Resid               | ential Exchanges ONLY:                                 |   |         |        |         |         |   |
| To the b                | est of your knowledge, has                             | s your son/daughter been in contact               |         |        |         |         |   |
| with any                | contagious or infectious or                            | diseases or suffered from anything in the         | Yes     |        | No      |         |   |
| last 4 we               | eeks that may be contagiou                             | us or infectious?                                 |         |        |         |         |   |
|                         |  |   |         |        |         |         | 1   |
| If YES, p               | lease give brief details:                              | Click here to enter text.                         |         |        |         |         |   |
|                         | C: Declaration of Co                                   | onsent ughter (named above) to go on the visit to | •       |        |         |         |   |
|                         | e to enter text.                                       |   |         |        |         |         |   |
| Behavioui<br>blood trar | r Code. I agree to my son/onsfusion, as considered nec | daughter receiving medication as instructed       | d and a | ny eme | ergency | / denta | e the safety of everyone on the visit, as outlined in the al, medical or surgical treatment including anaesthetic or and limitations of the insurance cover provided. |
|                         | trip leader:   |   |         |        |         |         |   |
| Click her               | e to enter text.                                       |   |         |        |         |         |   |
|                         | •  | •   | -       | -      | -       |         | in the event of an emergency, to include obtaining full provided that due care, as of a parent, has been exercised.   |
| Signed:                 | Click here to enter text.                              |   |         | Pai    | rent/Ca | irer    |   |
| Data                    | Click hara to antar a data                             |   |         | _      |         |         |   |
| Date:                   | Click here to enter a date                             |   |         |        |         |         |   |

## Appendix G: SV5 List of pupils and details

Form **SV5** 

## SUMMARY FOR GROUP LEADER OF INFORMATION ABOUT PUPILS AND ADULTS PARTICIPATING IN VISIT

| SURNAME | FORENAME | DATE OF BIRTH | ADDRESS | NEXT OF KIN | CONTACT PHONE<br>NUMBER | RELEVANT<br>MEDICAL<br>INFORMATION |
|---------|----------|---------------|---------|-------------|-------------------------|------------------------------------|
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |
|         |          |               |         |             |                         |                                    |

## **EMERGENCY CONTACT INFORMATION**

(To be completed before the visit. Copies to be held by the group leader and school home contact)

| 1. | Sch       | hool/group:  |          |                |
|----|-----------|--|----------|----------------|
| 2. | Na        | me of group leader:  |          |                |
| 3. | Vis       | sit departure date:  |          |                |
| 4. | Re        | turn information: Date:  | Time:    | Location:      |
| 5. | Gr        | oup: Total Number:   | Adults:  | Group Members: |
|    | (If<br>Em | you have an emergency contact list<br>no, obtain one. If yes, attach it to th<br>nergency contact information:<br>During school hours: | <b>-</b> | Group? YES/NO  |
|    |           | Assoc. Headteacher:  | Tel: _   |                |
|    |           | Deputy/other:  | Tel: _   |                |
|    | b.        | Out of school hours: Head Teacher:   | Tel: _   |                |
|    |           | Deputy/other:  | Tel: -   |                |
|    | c.        | Travel Company:  Name/Address:  Company Travel Rep: Name:  |          | Fax:           |
|    |           | Insurance/Emergency Assistance:  | Tel:     | Fax:           |

|    | Hotel:                           |      |      |  |
|----|----------------------------------|------|------|--|
|    | Address:                         |      |      |  |
|    |                                  | Tel: | Fax: |  |
|    | Hotel contact (e.g. Rep/Manager: |      |      |  |
| c. | Other emergency numbers:         |      |      |  |

## **Appendix H:**

# SV6 BEHAVIOUR CONTRACT FOR TWYFORD C OF E ACADEMIES TRUST SCHOOL JOURNEY OR RESIDENTIAL

The purpose of this contract is to ensure that students and staff have an enjoyable and rewarding visit. It is important that students are well behaved at all times and are good ambassadors for our school. As such, students are reminded that:

- They should be polite and well-mannered at all times
- They should listen carefully to instructions given to them by staff and carry them out without question
- On the coach, ferry, train or plane they should behave in a sensible and mature manner that respects the safety and property of others, and use seat belts at all times
- Normal school rules as outlined in the behaviour policy apply at all times whilst on a residential or school visit
- Alcohol, cigarettes, drugs, knives or other weapons including any kind of gun (including, without limitation, toy, replica or actual), fire crackers, fireworks or other dangerous or illegal items are **NOT** to be brought on or purchased by students on residentials or school visits
- They should obey the rules of any residential centre, or those given by the members of staff in charge, particularly in relation to sleeping, eating and room allocations.
- They should only bring school issue phones with them on the trip, SMART devices should not be taken

We would obviously not expect there to be any problems, but because staff will be "in loco parentis" during the trip, it is important that parents are fully aware of the actions which would be involved should these ever be necessary. These are briefly as follows:-

- Students will be reprimanded by staff and given a verbal warning about their future conduct
- Parents will be contacted and informed of persistent problems of discipline
- Students may be removed from certain trip activities and have any free time removed
- In extreme cases, students may be sent home, with parents being responsible for all the extra costs involved.
- Students who fail to observe this contract may face both an exclusion on their return and a ban on being able to participate in future school visits / residentials which is subject to review after two academic years.

Of course, we start from the assumption that all students will be perfectly behaved and that the sanctions listed above will not be required. However the school would be grateful if you could read this document, discuss it with your son/daughter and sign in agreement below, keeping one copy for your own records and returning the other to the school.

## TWYFORD C E SCHOOL VISIT/RESIDENTIAL: CODE OF CONDUCT AGREEMENT

I HAVE READ THE ABOVE LETTER AND AGREE TO FOLLOW THE CODE OF CONDUCT OUTLINED ABOVE

| Party Leader's<br>Name | Click here to enter text. | Party Leader's Signature |  |
|------------------------|---------------------------|--------------------------|--|
| Parent's Name          |                           | Parent's Signature       |  |
| Student's Name         | Click here to enter text. | Student's Signature      |  |
| Name of Trip           | Click here to ente        | r text.                  |  |