

**NOTIFICATION OF SCHOOL/COLLEGE VISIT FORM**

School/College  DfE No.

Contact Address

Telephone  Fax No.

Date of Departure  /  /  Date of Return  /  /

| Number in Party (by age group) | Year | R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | TOTAL |
|--------------------------------|------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|-------|
|                                | Boys |   |   |   |   |   |   |   |   |   |   |    |    |    |    |       |
| Girls                          |      |   |   |   |   |   |   |   |   |   |   |    |    |    |    |       |

Accommodation Address

Telephone  Email or Fax

Aim or Purpose of Visit

Activity Centre Licence Number (if appropriate)  N/A

Mode of Transport  Operator or Tour

Hire Agreement in Place YES / NO Company Name & Tel:

| Staff | First Name & Surname | M/F | Qualifications | First Aid (✓) | Leader (✓) |
|-------|----------------------|-----|----------------|---------------|------------|
| 1.    |                      |     |                |               |            |
| 2.    |                      |     |                |               |            |
| 3.    |                      |     |                |               |            |
| 4.    |                      |     |                |               |            |
| 5.    |                      |     |                |               |            |

\* Please also list Non-Teachers or Volunteers who may be used as Assistant Leaders/Instructors.  
 \* Please list overleaf or enclose Programme of Activities.

| /We certify that (please tick all sections that apply): |   | ✓ |
|---|---|---|
| 1.  | Parents have been fully informed and have signed the consent form   |   |
| 2.  | The visit has the approval of the School Governors  |   |
| 3.  | All monies collected and accounts will be subject to audit  |   |
| 4.  | The appropriate sections of Guidance for the Conduct of Educational Visits and Adventurous Activities have been read by all adults accompanying the group                       |   |
| 5.  | A preliminary visit has been made to the area/all available information on the area has been obtained and a written risk assessment has been completed and forwarded to the LEA |   |
| 6.  | Additional insurance has been arranged  |   |

Signature  (Party/Leader)  
 Date

Signature  (Head/Principal)

| For Office Use |                      |
|----------------|----------------------|
| Rec'd          | <input type="text"/> |
| Adv            | <input type="text"/> |
| Ref            | <input type="text"/> |

To be returned to: **Outdoor Education Adviser, Beaumanor Hall Woodhouse, Loughborough, Leics, LE12 8TX**  
 Tel: 01509 890119 Fax: 01509 890912

**TO BE RECEIVED**  
**6 WEEKS PRIOR**  
**TO VISIT**

**FOR SCHOOL LED ADVENTURE ACTIVITY PLEASE COMPLETE REVERSE**



A1 Cont.

Are you leading an adventurous activity?

YES

NO

Activity

Venue/accommodation address if appropriate:

|    |  |   |  |
|----|--|---|--|
| 1. |  |  |  |
|    |  |   |  |
| 2. |  |  |  |
|    |  |   |  |
| 3. |  |  |  |
|    |  |   |  |
| 4. |  |  |  |
|    |  |   |  |

Activity locations to be used:

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Staffing Information:

| Persons leading the activity<br>(first name and surname) | Relevant National<br>Governing<br>Body<br>Qualification | Date<br>of<br>Award | Expiry | LEA<br>Leadership<br>Category |
|--|---|---------------------|--------|-------------------------------|
|  |   |                     |        |                               |
|  |   |                     |        |                               |
|  |   |                     |        |                               |
|  |   |                     |        |                               |

I/We certify that:- (Please tick all sections that apply)

|    |   |   |
|----|---|---|
|    |   | ✓ |
| 1. | Technical equipment used is fit for purpose   |   |
| 2. | Participants have relevant personal protection equipment  |   |
| 3. | A preliminary visit has been made to the area/all available information on the area has been obtained and an activity specific risk assessment has been completed and forwarded to the LEA                                |   |
| 4. | This venture will be operated within the guidance laid down in the Adventurous Activity Guidelines for Safety and Good Practice and conform to guidance in the Guidance for Educational Visits and Adventurous Activities |   |