CHECK LIST TO BE COMPLETED WHEN EMBARKING ON A SCHOOL TRIP (ie Sports Tours, Geography field trips, residential trips, outdoor activities, overseas trips, etc)

NAME OF SCHOOL _____

DATE OF ACTIVITY FROM _____**TO**_____

1. DESCRIPTION OF TRIP

a. Resort/Country/Location of Trip:

_____

_____

Name of hotel or other accommodation & address/contact telephone number

_____

_____

b. Purpose of Trip: _____

c. Identify hazards likely to be encountered on trip. (Are there specific hazards on trip? eg steep cliffs, dangerous waters. If Yes, please complete attached Risk Assessment 1)
Yes ☐ No ☐

d. Has a pre-visit been made? Yes ☐ No ☐
If Yes, name of person who made the visit _____

2. DETAILS OF CHILDREN PARTICIPATING IN TRIP

a. Number of Party: _____

b. Age Range in Party: _____

c. Are any of the pupils' unruly, disruptive? Yes ☐ No ☐
(If Yes, please complete attached Risk Assessment 2)

d. Do any of the children have any special medical needs? Yes ☐ No ☐
(If Yes, please complete attached Risk Assessment 3)

e. Do any of the children have disabilities? Yes ☐ No ☐
(If Yes, please complete attached Risk Assessment 3)

f. Do any of the children have any special dietary requirements? Yes ☐ No ☐
(If Yes, please complete attached Risk Assessment 4)

3. SUPERVISING ARRANGEMENTS

a. Name of party leader _____

b. Number of staff supervising the trip: _____

c. Additional parents/volunteers (inc partners of member of staff): _____
School to confirm additional parents/volunteers have a valid CRB Yes ☐

DFES have suggested the following supervision ratios

- 1 adult for every 6 pupils in years 1 to 3 (with under 5s reception classes having a higher ratio)
- 1 adult for every 10 pupils in school years 4 to 6
- 1 adult for every 15-20 pupils in year 7 onwards

However, these ratios are for good conditions. If there are members of the group who have special needs the ratio may need to be revised. There should obviously be more staff supervising the children if the trip involves an overnight stay or the trip involves activities of a hazardous nature.

4. TRANSPORT ARRANGEMENTS

How will you be transporting the pupils to the location of the trip? Please tick appropriate box.

a. Staff Vehicles: ☐
Make sure the vehicle is in a roadworthy condition and insurances are in order, details of the vehicle, registration number, etc should be kept at the school.

b. Hire Vehicles (driven by staff): ☐

c. Engaging a coach company: ☐
Coach company name: _____
Telephone number for coach company: _____
Drivers Name: _____

H&S Section to check Driver has current CRB: Yes ☐ No ☐

If the school engages a coach company that does not have registered contracts with CCBC, it is the responsibility of the School to check that the Driver has a current CRB

d. Ferry: ☐ Aeroplane: ☐ Train: ☐ School Minibus ☐

Please ensure you have an adequate risk assessment for the travel arrangements, eg including ferry crossing.

5. PROCEDURES TO FOLLOW IN THE EVENT OF THE VEHICLE BREAKING DOWN/INVOLVED IN AN ACCIDENT, ETC

a. Name and telephone number of contact point, ie person not on trip who can convey information on to parents:

_____

b. Provision of mobile telephone: Yes ☐ No ☐ Tel: No _____

c. Provision of suitable First Aid Kit: Yes ☐ No ☐

d. Name of appointed first aider. _____
Residential trips must have one licensed first aider as a minimum requirement.
Day trips must have one person with Appointed Persons first aid status as a minimum.

6. ARE SUITABLE WEATHER CONDITIONS NECESSARY FOR TRIP?

Some trips may have to be cancelled if the weather conditions are not appropriate.
(If yes, please complete attached Risk Assessment 5)

_____

7. ARE SPECIALISED FOOTWEAR & CLOTHING NEEDED FOR THE TRIP?

(eg walking boots etc) (If yes, please complete attached Risk Assessment 6)

_____

SIGNED: _____ **DATE:** _____

DESIGNATION: _____

Please keep a copy of this completed form at the school and forward the original completed forms and risk assessments to:

Health & Safety Support Officer
Directorate Of Education & Leisure
Caerphilly Road
Ystrad Mynach
Hengoed CF82 7EP

RISK ASSESSMENT 1

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

1. Specific/Unique Hazards on Trip
eg steep cliffs, dangerous waters. The Risk Assessment should be completed if the answer to Question 1d on the checklist is "YES"

2. Likelihood of Accident Occurring

3. Specific Precautions

4. Other Information

COMPLETED BY: _____ **DATE:** _____
(signature)

NAME (PRINTED): _____

RISK ASSESSMENT 2

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

NATURE OF CHARACTER OF CHILDREN ATTENDING TRIP
If any of the pupils who will be participating on the trip are known to be unruly, disruptive etc, this assessment should be completed

1. Nature of Unruliness/Disruptiveness
2. How many pupils in group are unruly/disruptive etc
3. Staffing ratios on trip should be increased to supervise the group to: **Ratio** _____ **:** _____
4. Specific Precautions
5. Other Information
COMPLETED BY: _____ **DATE:** _____ **(signature)** **NAME (PRINTED):** _____

RISK ASSESSMENT 3

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

CHILDREN WITH SPECIAL MEDICAL NEEDS
If any of the pupils who will be participating on the trip have any special medical needs/ disabilities, a risk assessment is necessary for every child who has a specific disorder

1. Name of Pupil
2. Nature of Medical Needs/Disabilities
3. It may be necessary for a member of staff who has been trained in administering the medication for the particular pupils to attend the trip **Name of Person:** _____
4. Specific Precautions
5. Other Information
COMPLETED BY: _____ **DATE:** _____ **(signature)** **NAME (PRINTED):** _____

RISK ASSESSMENT 4

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

CHILDREN WITH SPECIAL DIETARY REQUIREMENTS
If any of the pupils who will be participating on the trip have any specific dietary requirements, a risk assessment is necessary for each child. Examples could be: allergic to food containing nuts, vegetarians etc.

1. Name of Pupil
2. Specific Dietary Requirements
3. Specific Precautions
4. Other Information
COMPLETED BY: _____ **DATE:** _____ **(signature)** **NAME (PRINTED):** _____

RISK ASSESSMENT 5

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

WEATHER CONDITIONS NECESSARY FOR TRIP
If certain weather conditions are necessary for the trip to take place, then a risk assessment is necessary.

1. Nature of Trip
2. Weather conditions necessary for trip to take place
3. Would it be necessary to cancel trip if weather conditions are unfavourable
4. Other Information
COMPLETED BY: _____ **DATE:** _____ **(signature)** **NAME (PRINTED):** _____

RISK ASSESSMENT 6

NAME OF SCHOOL _____
DATE OF ACTIVITY _____
LOCATION OF ACTIVITY _____

SPECIALISED FOOTWEAR & CLOTHING NEEDED FOR THE TRIP
It may be necessary to wear specialised footwear and clothing for some trips. If so, it will be necessary to complete this Risk Assessment.

1. Nature of Trip
2. Footwear and clothing needed for trip
3. Change of clothing necessary
4. Other Information
COMPLETED BY: _____ **DATE:** _____ **(signature)** **NAME (PRINTED):** _____

A COPY OF THIS RISK ASSESSMENT SHOULD BE GIVEN TO ALL PARTICIPANTS ON THE TRIP