

**Annex B to  
DCYP Pol Dir 3.2.11  
Dated 1 Oct 17**

**DCYP Form 010****APPLICATION FOR APPROVAL OF SCHOOL VISIT**

*Not all sections will be relevant to every proposed visit.*

The visit leader should complete this form as soon as possible once the preparations are complete. The visit leader should have already received approval in principle for the proposed visit from the head teacher/EVC and should have regularly updated the head teacher/EVC on the progress of the preparations. The head teacher/EVC should be informed of any subsequent changes in planning, organisation, and staffing.

<b>School Establishment</b>	
<b>Visit Leader</b>	
<b>Residential/Day Visit</b>	
<b>Venue</b>	

**VISIT DETAILS**

<b>Ser</b>	<b>Details</b>	
1	Purpose of visit and specific educational objectives:	
2	Date and time of departure:	Date and time of return:
4	Place of departure:	Place of return:
6	Transport arrangements:	
7	<b>Organising company/agency</b>	
	Name:	
	Address:	Telephone Number:
8	Proposed cost and financial arrangements	
9	<b>Insurance arrangements for all members of the proposed group, including voluntary helpers</b>	
	Company Name and Address:	
	Policy Number:	Expiry Date:
10	<b>Accommodation</b>	
	Accommodation Name and Address:	Telephone Number:
	Name of Head of Centre/Proprietor/Contact:	Emergency contact details(where different from above):
11	Programme of activities:	
12	Details of any hazardous activity and the associated planning, organisation and staffing:	
13	Existing knowledge of places to be visited and whether an exploratory visit is intended:	
	Date of last staff visit:	

Annex B to DCYP Policy Directive 3.2.11 (V2.0 1 Oct 17)

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OFFICIAL - SENSITIVE - PERSONAL (when complete)

14	<b>Names, relevant experience, qualifications and specific responsibilities of staff accompanying the group, including First Aid:</b>		
15	<b>Names, relevant qualifications and specific responsibilities of other adults accompanying the group:</b>		
16	<b>Name, addresses and telephone number of the contact person in the home area who holds all information about the visit or journey in case of an emergency:</b> (NB person/s with this role will need to be available on a 24-hour contact basis)		
17	<b>Size and composition of the group</b>		
	Age range:		
	Number of girls:		Number of boys:
	Number of accompanying adults:	Number of males:	Number of Females:
	Visit Leader/participant ratio:		

**Parental Consent and Risk Assessment:**

Attach Parental Consent forms.

Ser	SEN or Medical Needs
1	Do any of the participants have special educational or medical needs?
	Yes/No
2	If yes, please state what arrangements are in place:

**Approval**

Ser	Signatory	Date
1	Visit Leader (name in full):  Signature:	
2	EVC (name in full)  Signature:	
3	Head Teacher/Manager (name in full):  Signature:	

**DCYP Approval for visits to high risk countries**

Senior Principal MOD Schools (name in full):  Signature:	Date:
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