

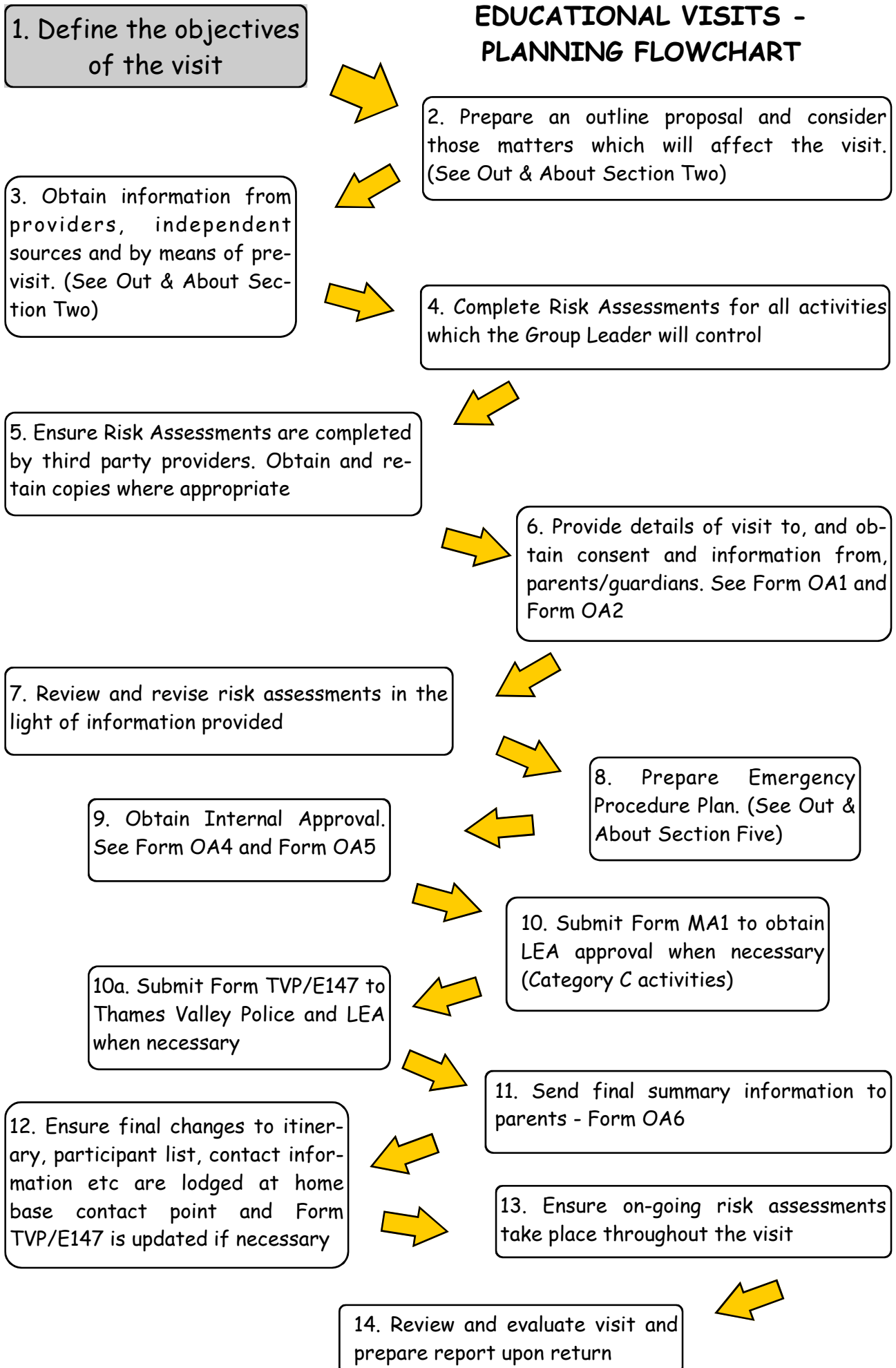
SECTION FIVE

LEA Mandatory forms and guidance checklists for use in connection with Outdoor and Off-Site activities

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EDUCATIONAL VISITS - PLANNING FLOWCHART



OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE

FORM OA1

Establishment :

PARENTAL/GUARDIAN CONSENT FORM

Participant's name :

Proposed visit and activity(ies) :

I have read the proposed itinerary, activities, financial and general information for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.

I agree to inform the Head of Establishment of any change in my son's/daughter's medical or other condition(s) or any other relevant circumstances before the start of the visit.

I agree to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.

I understand the extent and limitations of the insurance cover provided.

Signed Date
(Parent/Guardian)

Name (Please print)

I can be contacted at :

Home Address :

Work Address :

.....
.....
.....
.....

Telephone numbers :

Home :

Work :

Fax :

Fax :

Mobile :

Mobile :

E-mail :

E-mail :

If not available please contact :
.....

Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health and safety may be placed at unacceptable risk.

In such cases the decision of the Head of Establishment is final.

OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE

FORM OA2

Establishment :

CONFIDENTIAL

INFORMATION FROM PARENTS/GUARDIANS

(To be completed and returned to the Head of Establishment when applicable)

It is appreciated that some parents/guardians and participants may feel reticent at some of the information requested by this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety is not compromised due to personally known factors not being communicated to activity organisers and providers. No embarrassment is intended by any of the questions asked. Confidential help or advice may be obtained from the School Health Nurse or other medical practitioner.

1. Journey/Visit/Activity details

Destination : Activity :
Departure date : Return date :

2. Participant's details

Surname : First name(s) :
Sex : Male / Female Date of Birth :
Home Address & telephone no. :
.....
.....

Name & Telephone No. of participant's Doctor :
.....
.....

Please indicate your son's/daughter's swimming distance ability by ticking appropriate distance. (Normally, the minimum requirement for participation in water-based activities is to display water confidence and to be able to swim 25 metres unaided.)

- Non-swimmer
- 10 metres
- 25 metres
- 50 metres
- Greater distance - Please state :

3. Health details

a. Does your son/daughter suffer from any condition requiring medical treatment or special arrangements? Include any conditions such as asthma, travel sickness, anxiety etc. and any treatment required.

.....
.....
.....
.....

b. Is your son/daughter allergic to any medication (e.g. Penicillin), Stings, Dressings, Food Ingredients or the like? If so please give full details.

.....
.....
.....

c. Please give details of any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware.

.....
.....
.....

d. Please give details of any special treatment required, for example medicines, the dose(s), the frequency of dose/use etc.

.....
.....
.....

e. Has your son/daughter received a Tetanus injection within the past ten years? If so, please state when.

.....
.....
.....

4. Dietary details

Does your son/daughter have any special dietary requirements? If so, please specify what these are.

.....
.....
.....

5. Is there any other relevant information of which the group leader, activity provider or Centre should be aware or given advice on for example vertigo, claustrophobia, agoraphobia, colour blindness, panic attacks etc.?

.....
.....
.....

I declare that the above information is a complete résumé of my son's/daughter's current health status and I accept that travel may be denied if any medically notifiable or certifiable health problem(s) subsequently arise(s).

Signed :
Parent/Guardian

Date :

Name (Please print) :

**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

FORM OA3

**PROVIDER INFORMATION QUESTIONNAIRE AND
PRE-ASSESSMENT CHECKLIST**

To be completed by non-OCC Outdoor Education and Activity Centres for Day and Residential provision.

Please delete YES / NO as appropriate. Complete all other questions in full using separate sheets if necessary.

Name of Centre or Establishment :	
Address :	
.....	
.....	
.....	
Telephone No. : Fax No. :	
E mail : Website :	
Questionnaire completed by :	
Position held at Centre :	
Name of OCC establishment enquiring :	
PREMISES	
Does the Centre/Establishment provide day facilities only ?	Yes / No
Does the Centre/Establishment provide residential facilities only ?	Yes / No
What is the capacity of the Centre/Establishment ?	
Comprising : Students Accompanying supervisors/adults	
What are the sleeping facilities ?	Dormitories <input type="checkbox"/> Double Rooms <input type="checkbox"/>
	Single Rooms <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
Is the sleeping accommodation provided for the exclusive use of one group ?	Yes / No
What is the percentage of sleeping accommodation for each sex ? Female%	Male%
Ratio of showers/baths to participants	1 :
Ratio of toilets to participants	1 :
Are there class/workrooms available for the exclusive use of the group ?	Yes / No
Are clothes/equipment drying rooms available in all seasons ?	Yes / No
Is the Centre/Establishment regularly inspected by the Fire Protection/Safety Officers of the local Fire Authority ?	Yes / No
If so, give dates of the last two inspections :	
Has the Centre/Establishment complied with the recommendations of the local Fire Authority ?	Yes / No
Has the Centre/Establishment been issued with a Fire Certificate ?	Yes / No
If, so give details :	

Does the Centre/Establishment have emergency procedures in place ?	Yes / No
Does the Centre/Establishment have emergency procedure arrangements for persons with special needs ?	Yes / No
Are those procedures written down and brought to the attention of all establishment users ?	Yes / No
Are the procedures conspicuously displayed throughout the Centre/Establishment?	Yes / No
Are emergency drills carried out by all groups visiting the Centre/Establishment?	Yes / No
Does the Centre/Establishment have formal and established accident and incident reporting systems?	Yes / No
Has the Centre/Establishment been served with any improvement, prohibition or enforcement notices in respect of fire safety matters?	Yes / No
FOOD HYGIENE	
Does the Centre/Establishment provide food ? If No, go to next Section.	Yes / No
Does the Centre/Establishment meet the requirements of the : Food Hygiene (General) Regulations 1995 ? Food Safety Act 1990 ?	Yes / No Yes / No
Is the Centre/Establishment registered with the local Environmental Health Department regarding food?	Yes / No
Are all staff handling food trained in food preparation and hygiene?	Yes / No
Has the Centre/Establishment been served with any improvement, prohibition or enforcement notices in respect of food hygiene matters?	Yes / No
SPECIAL NEEDS	
Does the Centre/Establishment provide accommodation for those with special needs in respect of :	
Mobility ?	Yes / No
Hearing impairment ?	Yes / No
Other (Specify)	
Please outline provision :	
.....	
Does the Centre/Establishment provide facilities for those with special needs in respect of :	
Mobility ?	Yes / No
Hearing impairment ?	Yes / No
Other (Specify)	
Please outline provision :	
.....	
Does the Centre/Establishment provide activity opportunities for those with special needs in respect of :	
Mobility ?	Yes / No
Hearing impairment ?	Yes / No
Other (Specify)	
Please outline provision :	
.....	
Does the Centre/Establishment provide for those with special dietary requirements?	Yes / No

ACTIVITY MANAGEMENT & STAFFING	
Have suitable and sufficient risk assessments been carried out, and recorded, for all the activities to be undertaken or provided by or for the Centre/Establishment?	Yes / No
Are Centre/Establishment staff qualified to National Governing Body standard (where they exist) for all the activities undertaken?	Yes / No
Are activities supervised to National Governing Body instructor/participant ratio guidelines?	Yes / No
Are all instructors qualified and competent in all the activities they undertake?	Yes / No
Are all instructors currently qualified in First Aid appropriate to the activity they are supervising?	Yes / No
Are First Aid kits taken with each group on all activities?	Yes / No
Is a currently qualified First Aider with suitable facilities available at the Centre/Establishment at all times?	Yes / No
What are the arrangements for regular meetings of staff and the whole party?	
What are the means of daily communication of information to the party?	
Indicate in-service training programmes for all instructors and other staff :	
Are all activities directly provided by the Centre/Establishment? If not, by whom are they provided? :	Yes / No
Is all the equipment used in activities checked formally for damage and suitability before each use?	Yes / No
Is all equipment checked by competent persons?	Yes / No
Does the Centre/Establishment have a planned maintenance and replacement programme for all equipment?	Yes / No
Are vehicles provided by the Centre/Establishment for use during the activities/visit? If so, what are these vehicles? :	Yes / No
What are their seating capacities? :	
What is the seating format? :	
Are seat belts fitted for all passengers?	Yes / No
Are the vehicles comprehensively insured?	Yes / No
With which company are they insured? :	

MANAGEMENT	
Does the Centre/Establishment offer activities which fall in-scope of the Adventure Activities Licensing Regulations 1996? If so, has the Centre/Establishment obtained a licence from the Adventure Activities Licensing Authority for these activities? If so, state licence reference : If no licence is held, has one been refused, revoked or a referral made?	Yes / No Yes / No Yes / No
Does the Centre/Establishment arrange for Criminal Records Bureau checks for previous convictions for those working in close proximity to children?	Yes / No
Is a member of the Centre's/Establishment's staff on call 24 hours a day?	Yes / No
Is the Centre/Establishment registered with any independent accreditation scheme/agency e.g. Wales Tourist Board or the like? If so, give details :	Yes / No
Does the Centre/Establishment hold Public Liability Insurance? With which company? : For what level of cover? : (Minimum of £5 million is required)	Yes / No
Has the Centre/Establishment ever been served with any improvement or prohibition notices in respect of the Health & Safety at Work etc. Act 1974 or any other relevant statutory regulations ? If so, give full details :	Yes / No
Has the Centre/Establishment ever been prosecuted in respect of failure to meet any requirement of the Health & Safety at Work etc. Act 1974 or any other relevant statutory regulations ? If so, give full details :	Yes / No
Has any employee or independent instructor used by the Centre/Establishment ever been the subject of improvement or prohibition action or prosecution in respect of the Health & Safety at Work etc. Act 1974 or any other relevant statutory regulations ? If so, give full details :	Yes / No

I certify that the information given above is correct.

Signed : (Print Name in full :)

Date :

**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

FORM OA4

DAY AND RESIDENTIAL CENTRE INFORMATION CHECKLIST

Information for Educational Visits Co-ordinator to support Approval Application (Form OA6)

The Oxfordshire Education Service's Outdoor Education Centres meet the criteria required by the County Council and therefore approaches relating to this pre-assessment checklist from OCC Educational Establishments considering or wishing to use them are not necessary.

<p>1. Does the Centre provide Residential facilities? Yes / No If No go to Question 5.</p> <p>If Yes What is the total capacity of the Establishment?</p> <p>Students : Accompanying Staff/Adults :</p>	
<p>2. What is the percentage of accommodation for each sex ?</p> <p style="text-align: center;">Female% Male%</p>	
<p>3. What are the accommodation facilities? (Tick relevant)</p> <p style="text-align: center;">Dormitories <input type="checkbox"/> Double Rooms <input type="checkbox"/> Single Rooms <input type="checkbox"/></p> <p>Other (specify) :</p>	
<p>4. Has the Establishment/Centre been issued with a Fire Certificate? Yes / No</p> <p>Name of issuing Authority :</p> <p>Date of issue :</p> <p>Number of Certificate :</p>	
<p>5. Does the Establishment have emergency procedures in place?</p> <p>Have they provided a written copy?</p>	<p>Yes / No</p> <p>Yes / No</p>
<p>6. Does the Establishment provide food? If no, go to Section 7</p> <p>Does the Establishment meet the requirements of the :</p> <p>a) Food Hygiene (General) Regulations 1995? Yes / No</p> <p>b) Food Safety Act 1990? Yes / No</p> <p>Are they registered with the local Environmental Health department? Yes / No</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>7. Does the Establishment have Public Liability Insurance?</p> <p>With which company?</p> <p>For what level of cover?</p> <p>(Minimum of £5 million is required)</p>	<p>Yes / No</p>
<p>8. What are the qualifications, including First Aid, of each member of the establishment's staff Supervising each activity?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

9. What is the length of service, and is it permanent/ temporary/seasonal, of each of the instructors/ supervisors at the Establishment? Are they fully conversant with the areas to be visited and the conditions likely to be encountered during the activity? Yes / No	
10. Does the Establishment arrange for Criminal Records Bureau checks for previous convictions for those working with or in close proximity to children?	Yes / No
11. a) What activities does the Establishment provide? b) Does the Establishment hold a licence for in-scope activities in accordance with the requirements of the Adventure Activities Licensing Regulations 1996? Yes / No c) Does the Establishment comply with the recommendations and requirements of activity national governing bodies? Yes / No	
12. Have suitable and sufficient written risk assessments been carried out for all the activities to be undertaken or provided by or for the Establishment?	Yes / No
13. What are the staffing levels, for each activity, at the Establishment and at any other facility they use?	
14. Is there a member of the Establishment's staff on duty and in attendance 24 hours per day?	Yes / No
15. Are vehicles provided by the Establishment for use during the activities/visit? Yes / No If so, What are these vehicles? What are the seating capacities? Are all vehicles fully fitted with appropriate seat belts? Yes / No Are all vehicles comprehensively insured? Yes / No With whom are they insured?	
16. Is the Establishment subject to accreditation by an independent monitoring body? Yes / No If so, what is that body?	
17. What are the arrangements for regular meetings of staff and the whole party?	
18. What are the means of daily communication of information to the party?	

This checklist has been completed using information provided by the Centre/Establishment

Signed :
 Print Name :

Date :

**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

FORM OA5

**ACTIVITIES OFF-ESTABLISHMENT PREMISES
INTERNAL APPROVAL APPLICATION FROM PARTY LEADER TO EDUCATIONAL VISITS CO-
ORDINATOR AND HEAD OF ESTABLISHMENT**

Not every question will be applicable to all activities, therefore endorse accordingly.

Name of Establishment :	.....
Party Leader :	.....
Objectives of visit :	..... ..... .....
Activities to be undertaken :	..... ..... .....
Date of visit :	.....
Duration of visit :	.....
Means of transport :	..... .....
Name of independent organiser if used :	..... .....

Party details :		
Name :	Relevant experience qualification or competency for the activity	Responsibilities on visit
Party Leader :		
Assisted by :		
Number in party:	Female	Male
Students/Participants	.....	.....
Employees	.....	.....
Adult Helpers	.....	.....
Total		

The Visit			
	Yes	No	Date actioned
Is approval by the Director of Learning & Culture required ? (See Out and About Sections 1 & 4)			
Information letter to Parents/Guardians sent ?			
Parental/Guardian consent forms sent ?			
Information from Parents/Guardians requested ?			
Travel insurance arranged ?			
Personal accident insurance arranged ?			
Payments for visit bonded ?			
Necessary motoring documentation required/arranged ?			
Has the Governing body/Management Committee been advised of the visit ?			
Has the EVC been advised of and agreed in principal to the visit ?			
Have suitable and sufficient written risk assessments been undertaken ?			
Has a pre-visit been made ?			
Has a parents'/guardians' briefing meeting been held ?			
Has an emergency action plan been formulated ?			
Have the following been explained to all those involved : helpers' duties, any potential hazards, the emergency plan and procedures, special clothing or equipment required ?			
		Yes	No
Was Provider Information Questionnaire (Form OA4) used?			
Has Day & Residential Centre Information Checklist (OA5) been used ?			
Are activities within scope of Adventure Activities Licensing Regulations 1996 ?			
Is the Centre to be used licensed for those activities ?			
Is the participant/supervisor ratio suitable for the visit ?			
Will minibuses be used at any time during the activity			
Are OCC Minibus Regulations being adhered to when minibuses are used ?			
Is the Outdoor Education policy and practice referred and adhered to ?			
Has suitable and sufficient provision been made for First Aid ?			
Does the Thames Valley Police Form TVP/E147 have to be completed and forwarded as required ?			
Is a list of all party members to be lodged with the Head of Establishment or appropriate person at the establishment ?			
Has all relevant information relating to the visit been lodged with the Head of Establishment for retention ?			
<p>To the Head of Establishment : I request your approval for the proposed visit and activities, as detailed above. & Educational Visits Co-ordinator Signed : (Group Leader) Date :</p>			
<p>To the Group Leader : We have studied this application and are satisfied with all aspects including the planning, organisation and staffing. Please ensure that I have all relevant information including a final list of members and a detailed itinerary at least seven days before the visit is due to commence. Your report and evaluation of the activity, including details of any incidents should be given to me as soon as possible, but no later than 14 days, after the visit finishes. Approval is given.</p>			
<p>Signed : (Ed. Visits Co-ordinator) Date :</p>			
<p>Signed : (Head of Establishment) Date :</p>			

A copy of the completed application form, together with any subsequent changes, should be retained by the Head of Establishment.

OXFORDSHIRE COUNTY COUNCIL **FORM MA1**
EDUCATION SERVICE
MONITORING and APPROVAL OF VISIT APPLICATION
POTENTIALLY HAZARDOUS ACTIVITIES OFF-SITE AND ALL VISITS
ABROAD

This form must be completed and 2 copies, each signed by both the Group Leader and Educational Visits Co-ordinator and the Head of Establishment, forwarded to the Director for Learning & Culture, Outdoor and Residential Education Office, School Development Service, Cricket Road Centre, Oxford OX4 3DW at least **four** months before any proposed visit abroad or any visit involving potentially hazardous activities. (See Sections 3 and 4 of 'Out & About with Oxfordshire 3'). In instances of remote expedition type activities application for approval is required at least **twelve** months before the intended activity departure date.

Establishment name : Telephone No. : Fax No. : E-mail :	Address : Post Code.....
Proposed activity(ies) : Geographical location of proposed activity : Intended departure date : Intended return date :	
Address at which group are to be based :	
Is a Centre to be used to provide activities ? Yes / No	
Name and address of Centre to be used :	
Has an assessment of the Centre to be used been carried out by group leader? Yes / No	
Have copies of the suitable and sufficient risk assessments provided by the centre been obtained for retention by the group leader ? Yes / No	
Has the assessment which has been carried out included : A visit to the Centre ? Yes / No	
Obtaining written confirmation of the qualifications and experience of the staff to be employed by the Centre, if used ? Yes / No	Confirmation that the Centre holds a current Licence for activities in-scope of the Adventure Activities Licensing Regs. 1996 (GB only) Yes / No
If not required to be licensed, is the Centre subject to regular, frequent and independent accreditation ? Yes / No	If so, state by which body :
Name of Party Leader : Employer's name (If not OCC) : Leader's qualifications and experience : relevant to the activity being under taken. (Tick box if none <input type="checkbox"/>)	

Names, gender and qualifications/experience in the activities of other accompanying supervisors :	
1	M/F
2	M/F
3	M/F
4	M/F
Any other accompanying persons :	
1	M/F
2	M/F
3	M/F
4	M/F
Number of students/participants :	Female : Male : Total :
Number of all other party members :	Female : Male : Total :
Age range of students/participants :	.....
Have suitable and sufficient risk assessments for all activities controlled by the group leader been undertaken and recorded on Form RA1? Yes / No	By whom have they been completed ? :
Has a pre-visit to the locality been made by the group leader	Yes / No
Have all necessary insurances been arranged With whom have the insurances been arranged? :	Yes / No
Have all participants and parents/guardians been advised, in writing, of the limits of the Insurances arranged ?(See Form OA1) Yes / No	Has a pre-assessment checklist been completed for the visit ? Form OA3 Yes / No Form OA4 Yes / No
Will the visit and activities comply fully with the policies and guidance contained in 'Out & About with Oxfordshire 3' ?	Yes / No
Has all information been obtained for completion of Thames Valley Police Form TVP/E147 ?	Yes / No / N/a
Signed :	Group Leader Date :
Signed :	Educational Visits Co-ordinator Date :
<p>I have studied this Form MA1 and I am satisfied with all aspects including risk assessments, planning, organisation and staffing. The Governing body have been formally informed of the visit. Copies of all relevant documents will be retained and easily accessible at the Establishment throughout the duration of the visit.</p> <p>The Group Leader and EVC will ensure that I have all relevant information including a final comprehensive list of all party members and detailed itinerary upon departure.</p> <p>The Leader and Co-ordinator will submit a report and evaluation of the visit, including full details of any and all incidents, to me as soon as possible but no later than 14 days after the party returns. Internal approval is hereby given.</p> <p>Signed : Date :</p> <p style="text-align: center;">(Head of Establishment)</p>	
<p>THE DETAILS OUTLINED ABOVE (AND IN ACCOMPANYING DOCUMENTS) ARE IN ACCORDANCE WITH THE REQUIREMENTS OF OXFORDSHIRE COUNTY COUNCIL POLICIES AND PROCEDURES FOR EDUCATIONAL VISITS AND ACTIVITIES. APPROVAL FOR THE VISIT IS GIVEN</p> <p>Signed :</p> <p>(On behalf of the Director for Learning & Culture) Date :</p>	
<p>FORM TVP/E147 WILL / WILL NOT BE REQUIRED TO BE FORWARDED, TO THAMES VALLEY POLICE AND LEA, 7 DAYS BEFORE THE DEPARTURE OF THE PARTY AND MUST INCLUDE THE LIST OF ALL PARTICIPANTS. SUBSEQUENT CHANGES MUST BE ADVISED TO THAMES VALLEY POLICE AND LEA BEFORE DEPARTURE.</p>	

FORM OA6

**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

SUMMARISED VISIT INFORMATION FOR PARENTS AND GUARDIANS

Name of establishment :	
Details of visit :	
Purpose and Destination :	Activities to be undertaken during visit :
Means of transport and intended route :	Full address of destination :
Departure date and time :	Date and estimated time of return arrival :
Supervision :	
Name and status of party leader :	
Names and status (e.g. Teacher, Youth Worker, LSA, Student Teacher, Voluntary Worker, Parent) of all accompanying adults :	
Communications :	
Means of contacting party whilst away :	
Means of contacting home-base :	
During 'normal' hours :	Outside 'normal' hours :

Signed :
(Head of Establishment)

Date :

OXFORDSHIRE COUNTY COUNCIL

FORM RA1

RISK ASSESSMENT RECORD

Page No.
of

<p>A. Activity/Process/Operation</p>	
<p>B. What are the Health and Safety Hazards ?</p>	
<p>C. What Risks do they pose and to whom ? (See Checkpoint 2)</p>	<p>Estimate Risk Level H/M/L* (see Checkpoint 3)</p>
<p>D. What measures have been taken to reduce the Risk ? (See Checkpoints 1,4,5,6,7,8,9,10 & 11)</p>	<p>Risk Level Achieved H/M/L (Target is Low)</p>
<p>E. What further action is needed to reduce the risks ? (State action/specify dates)</p>	

Name of Assessor : Signed by

(See points 12,13, & 14)

Job Title :

Premises/Site Manager

Date :

Date :

Date for review :

CHECKPOINTS -

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Has all <u>health and safety information</u> been obtained ? 2. Consider the <u>number of persons exposed</u> 3. Estimate initial risk level - <u>high, medium or low*</u> 4. Consider if <u>elimination or safer substitution</u> could be achieved 5. Consider all necessary <u>control measures</u> including <u>procedural</u> and <u>technical</u> controls 6. Are the above <u>controls</u> to the <u>required standard and regularly maintained?</u> 7. Have <u>emergency action plans</u> been considered? | <ol style="list-style-type: none"> 8. Have employees (and other persons) been <u>adequately trained/instructed and informed ?</u> 9. Has <u>adequate supervision</u> been provided ? 10. Consider if <u>personal protective equipment</u> is required 11. Is <u>health surveillance</u> required ? 12. What arrangements have been made for <u>monitoring</u> the assessment ? 13. How often is the assessment <u>reviewed ?</u> 14. Has the assessment been <u>drawn to the employee's attention ?</u> |
|---|--|

OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE

FORM VDD

VOLUNTEER DRIVER DECLARATION

I, (Full Name)

of (Full Address) :
.....
.....
.....

Telephone :

do hereby declare that I am/am not over 25 years of age[†] (please state age if 25 or under)
and have held a full licence, free from any penalty points, to drive a motor vehicle for at least two
years and am not restricted in any way by the DVLA from driving due to any medical conditions.
If the licence carries penalty points, please give details :

.....
.....

The registration number of the vehicle which I shall use for the purpose of my voluntary service
is and I further declare that the full licence I hold entitles me to drive
the vehicle and I confirm that the vehicle is covered by at least third party insurance for official-
use journeys undertaken on behalf of Oxfordshire County Council when being driven by me, has
current road tax and a current valid MOT Certificate (if required).

The name of the Insurance Company (not the broker) with which the vehicle is insured is :
.....

I do/do not[#] intend to take the vehicle abroad for an official-use voluntary journey, and have/have
not[#] therefore informed my Insurance Company accordingly. (# Delete as appropriate)

Signed :

Print Name :

Date :

Approved :
(Head of Establishment)

Date :

Name of Establishment :

[†] The age criteria shown is the same as the driver age requirement for minibus drivers. If however the driver is under 25 years of
age then the Head of Establishment needs to specifically consider and approve, in relation to age, the suitability of the volunteer.
'Official-use journeys' means journeys undertaken in the execution of approved Council activities.

**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

**OFF-SITE ACTIVITIES AND VISITS
EMERGENCY PROCEDURE**

In the unfortunate event of an incident, an accident or an emergency the following suggested guidelines may be of assistance to the party or group.

It should also be borne in mind that individual establishments will have prepared their own emergency plan which should include provision for emergencies which may occur off-site. The following advice should, therefore, be integrated into that home-base plan.

In preparing for any activity off site, whether it be in the general locality of the home-base, elsewhere in the United Kingdom or abroad, the planning stage must identify the necessary action to be taken in the event of an emergency occurring.

The emergency planning for the visit should have included a briefing to make all leaders and supervisors aware of the necessary action to be taken.

The emergency procedure should, therefore, provide for the party leader to :

- o Determine, so far as is possible, all the circumstances of the occurrence.
- o Advise all responsible adults in the party of the problem and assess the situation.
- o Where appropriate, advise that emergency procedures are in operation.
- o Account for all members of the party.
- o Establish the names of any involved or injured party members and, if possible, the extent of their involvement or injuries.
- o Render first aid, if possible.
- o Summon the emergency services, if necessary.
- o Ensure that, if necessary, the injured are accompanied to hospital or other medical treatment facility, preferably by an adult they know.
- o In the event of a non-injury incident where there are individuals who need to be separated from the main party ensure that, so far as is possible, they are accompanied by an adult who preferably should be known to them.
- o Ensure that the remainder of the party is adequately supervised and understand fully the implications of the emergency or incident.
- o It may be necessary to arrange a suitable alternative programme so that the party is occupied and possibly isolated from outside contact. Due account must be taken of the need for personal, mutual comfort and support.



- o Advise home-base of the incident - i.e. location, nature of incident, names, conditions and exact location of individuals.

In the event of an emergency when home-base assistance is required and the party are unable to contact home-base, the party leader should contact Oxfordshire County Council's 24-hour Emergency Contact point on 01865 379789 (Fire and Rescue Service Control), give details of their location and ask the operator to alert the County Contact Officer who will set the County Council's emergency response in motion.

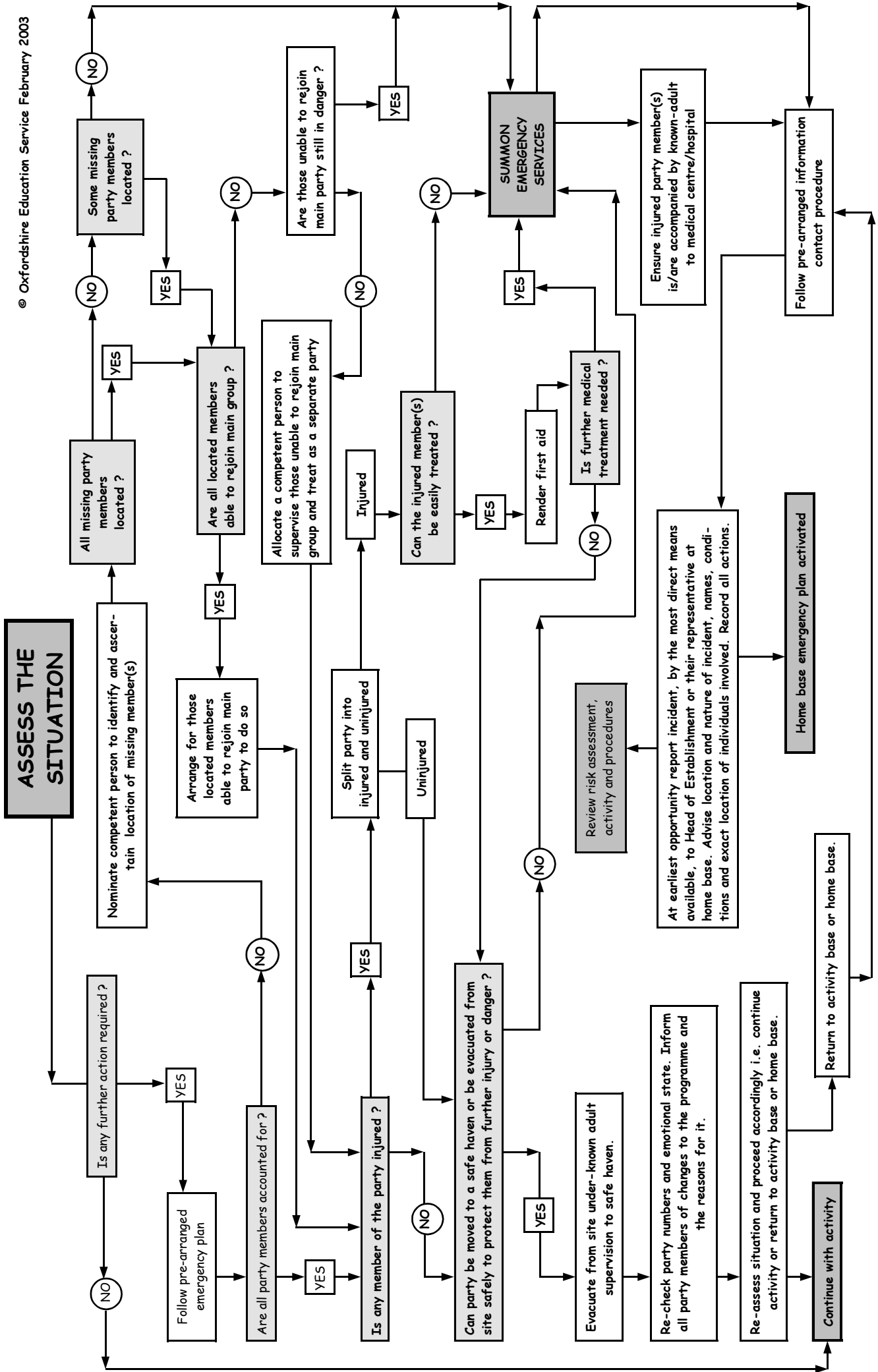
- o Restrict access to telephone and other outside contact for a suitable time after the party leader has been in touch with the Head of Establishment, County Council Emergency Contact Point, home-base emergency contact and/or the appropriate authority.

In any event the following action will be required :

- o **The Head of Establishment shall put into action the home-base emergency plan and alert the Director for Learning and Culture.**
- o **It is vital for all those involved in the emergency in whatever position or maintain accurate records of occurrences and emergencies including names and addresses of witnesses.**
- o **Full written reports should be submitted to the Director for Learning and Culture as soon as possible.**
- o **The Head of Establishment must notify the Health and Safety Executive when appropriate.**

EMERGENCY PROCEDURE FLOW CHART

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**OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

HOME BASE EMERGENCY PLAN

In the event of an emergency the contact person will normally be the Head of Establishment, although this may not always be the case. Where this is not possible, for example the Head of Establishment may be the party leader, arrangements will need to be made for the establishment to have a senior member of staff to act in place of the Head of Establishment.

There are instances when, either due to the staff levels at an establishment or in the case of lone detached workers, there is no senior member of staff available, or indeed there may be no fixed home base. In circumstances such as these it is obviously of even more importance that appropriate arrangements are made with home base, with Governors, with Management Committees or with line managers to deal with the eventualities arising from an emergency.

Establishments will have their own individual Emergency Plan which will have incorporated the guidelines shown in the Model Emergency Plan for Educational Establishments circulated by the Education Department.

By way of reinforcing the contents of that document, Heads of Establishments should ensure that the emergency plan include arrangements which :

1. Ensure that all information regarding the emergency is obtained from the party leader or other person acting directly for them.
2. Establish a reliable means of communication with the party leader e.g. telephone together with an alternative method if possible e.g. fax, e-mail
3. Advise the Head of Establishment, if they are not at the time the home-base contact person or party leader, the LEA, the Chair of Governors or Management Committee and, in the case of unattached workers, their immediate line manager.
4. Obtain assistance, if possible from other members of staff to help in disseminating information.
5. Advise the parents, guardians and next of kin of those directly involved in the emergency.
6. Advise the parents, guardians and next of kin of those others involved.
7. Monitor the situation ensuring that all events, information and action taken are recorded.
8. Trigger a system whereby specialist help, advice and counselling, when needed, is provided.

Do not speak to the press or media. It is important that such communication should only be undertaken by the LEA or the County Council's Media and Communications Unit. In any case staff will most probably be involved in more important activities during any emergency.