

Approval of a UK Overnight Excursion, Excursion Abroad With or Without Adventurous Activity or Day Trip with Adventurous Activity

Category 3, 4 and 5

Head of Establishment Agreement and Central Registration and Approval

1 Information

Group/School/Organisation Name _____

Address _____

Tel No _____

2 Excursion Details (including activities to be visited if appropriate)

Date _____

Location _____ Location Contact Tel No _____

Depart Time _____ Return Time _____

Description of Excursion _____

3 Accommodation (if appropriate)

Name of Accommodation _____

Address _____

Tel No _____

Contact Name _____

Dates and Time

From _____ *To* _____

4 Staffing (including Volunteers)

Group Leader _____
Depute Leader _____
Activity Leader _____
Other _____
Other _____
Other _____

5 Participants

Number _____ Age Range _____
Females _____ Males _____
Staff/Participant Ratio _____

6 Programme of Non-Adventurous Activities

| Date | Location | Facility/Event | Depart Time | Return Time |
|-------|----------|----------------|-------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

**7 Programme of Adventurous Activities Provided by an External Provider
(The provider must be on the Approved Provider list)**

| Date | Depart Time | Return Time | Venue/Location | Activity |
|-------|-------------|-------------|----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

External Provider

Company Name _____
Address _____

Tel _____ Contact Name _____

(If your activity involves more than one provider, please provide details of other)

8 Programme of Adventurous Activities Provided by Perth & Kinross Council Staff

| Date | Depart Time | Return Time | Venue/Location | Activity |
|-------|-------------|-------------|----------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| Staff Names | Qualification Level | First Aid Certificate |
|-------------|---------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

9 Travel

Details of Journey

We are using cars and all drivers have the appropriate licence and insurance

Names of Drivers _____

We are using a Perth & Kinross Council minibus and each driver has an appropriate valid DVLA licence, a valid MIDAS certificate and trailer test if required

Names of Drivers _____

We are using a company to provide transport

Company Name _____
Address _____

Tel _____ Contact Name _____

We are using a Travel Company

Company Name _____
Address _____

Tel _____ Contact Name _____

Other Travel Information

Is travel insurance provided as part of this package? Yes No

10 Checklist

- Information to participants/parents letter (*attach*)
- Intinerary where appropriate (*attach*)
- Excursion Risk Assessment (*attach*)
- Date of Parents Meeting (*if appropriate*) _____
- A copy of the summary of Perth & Kinross Council Insurance Cover has been made available to parents/guardians

11 Homebase Contact Details

24/7 Contact

Name _____

Tel _____ Mobile _____

12 Declaration

I submit for approval, this application for an excursion on the understanding that I have planned and will conduct the excursion in accordance with Perth & Kinross Council's Planning, Managing and Evaluating Your Excursion document.

Group Leader _____

Date _____

13 Head of Establishment Agreement

I have read the necessary paperwork including the risk assessment and support the above excursion.

Head of Establishment _____

Date _____

14 Central Registration and Approval

Please now submit this form and required paperwork for Central Registration and Approval to the Operations Manager, Support Services, Education & Children's Services, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH PH1 5GD.

Please now file appropriately with other related paperwork for future reference.

| Official Use Only | |
|---|-----------------|
| Application for approval for this trip has been considered and permission has been | Granted/Refused |
| A copy of this form has been passed to the Insurance Section for insurance purposes | Yes/No |

A copy of this form has been kept on file for insurance purposes.

Comments (if applicable) _____

Signature _____ Date _____