



THE VALLEY SCHOOL
SPECIAL ACTIVITY REQUEST Section A
to be used for special events and activities involving students both in and out of lesson time
to be returned to Kellie before plans are finalised and before any bookings are made

Activity Leader		Activity		Date of submission	
One-off event:	Yes/no	Activities of this type throughout the year, during curricular time and not affecting staffing:		Yes/no	
Details of Activity (trip out, activity in school, residential trip, collapsed timetable event...) Please give details			Cost details You must include all costs e.g. <ul style="list-style-type: none"> • Travel • Entrance fees • Food • Workbooks • Others... 		
Venue and address			Budget to be charged Approved		
How many pupils are involved and (if already decided) which ones? Write list here or attach					
Date(s):		Time leaving school:		Time returning to school:	
How do you expect our pupils' learning to benefit from this activity?					
Staffing requests:	How many teachers?	How many Learning Partners?	How many drivers?		
Checked by Learning Leader					
Approved in principle		Not approved and reasons why			
Next Steps					
No further approval need		<input type="checkbox"/>	Signed HT		
Complete Section B		<input type="checkbox"/>			
Complete Section B with an Evolve		<input type="checkbox"/>	Date of approval.....		
Letter to parents required		<input type="checkbox"/>			



OFF-SITE VISIT ARRANGEMENTS – Section B
To be completed once approval has been given on form A
 Must be agreed with Graham at least one week before the activity and submitted with all appropriate attachments
ANY PROVISIONAL DETAILS FROM SECTION A MUST BE CONFIRMED

Activity Leader	Activity to	Date
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PUPILS	STAFF	PUPILS NEEDING MEDICATION MEDICATION NEEDED
		<i>To be collected from the cupboard in the staffroom. MUST be signed out and returned</i>

Are there any risks associated with the venue/travel plans? How are you planning to address these?

Is there potential for students to place themselves at risk on this trip?
What measures will you put in place to counter this risk?

Which pupils will need an individual risk assessment? List names below and attach your risk assessment. (see TVS risk assessment model)

Have parents been contacted? Yes/No/NA

Does the venue/provider have their own risk assessment?	Yes/No/NA If yes, attach to this form
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Travel arrangements Has school minibus/coach/additional minibus been booked?	walking/minibus/staff car/train/ bus/hired minibus/coach/other Circle as appropriate Yes/No/NA
Name of driver(s)	Name(s).....

Have break/lunch/taxi duties been covered?	Yes/No/NA
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What arrangements been made for lunches?	
Have packed lunches been booked?	Yes/No/NA

Off-site considerations approved	Not approved and reasons
School Calendar updated	

OFF-SITE VISIT ARRANGEMENTS – Section C

Activity Leader

Activity to

Date

ACTION REQUIRED FOLLOWING ACTIVITY

What went well?

Would you do anything differently another time?

Any other comments?