



## Visit Proposal Form

### Trip Details

Visit to:	
Address:	
Date:	
Timings:	

Purpose <i>(specific educational objectives)</i> :

### Activities Planned

Activities to be undertaken	Risk Assessed?

Travel Arrangements

### Booking Information

<b>Venue:</b>	
Contact Name:	
Contact Number:	
<b>Travel:</b>	
Company:	
Contact Number:	

### Costings *(travel, entrance fees, any school subsidy)*


<b>Cost Per Child:</b>	
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### Attached:

Risk Assessments Attached	
Activities	
Travel	
Volunteers	
Individual Children	

### Form Completed By

Name:	
Signed:	
Date:	

### Inclusion Manager/DSL Authorisation

Name:	
Signed:	
Date:	

### SLT Authorisation

Name:	
Signed:	
Date:	

### Pupils

Year Group / Class		
Proposed Numbers of Students	Boys	
	Girls	

### Adults

Party Leader	
Deputy Leader	
Proposed Other Staff Members	
Proposed Number of Volunteers	
First Aider(s)	

<b>Proposed Staff / Child Ratio</b>	
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### Vulnerable\* Children/Potential Medical Emergencies<sup>+</sup>

Name of child/adult	Risk assessed?	Proposed Arrangements

\*including high level behaviour issues

<sup>+</sup>Including Adults