

**Communities and Families Excursions**

**EX3multi**

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| **Category 3 Approval Form (multi) – Approved Provider** | **EX3multi (formerly EE1AP)**  |
| Version: | Nov 2018 |
| Reference Number (to be completed by the Sport and Outdoor Learning Unit): |  |
| **This form is for a continuous/regular programme of Category 3 excursions using a CEC Approved Adventurous Activities Provider.** Use **EX3Single** for individual/single Category 3 excursions (delivered by [CEC Approved Adventurous Activities Providers](https://www.edinburgh.gov.uk/directory/35/adventurous_activity_providers)). Text boxes will expand as you insert relevant information. |
| Guidance notes:These will answer most questions re: completing the form. |   | CEC Excursions Policy (Orb link): | [CLICK HERE](https://orb.edinburgh.gov.uk/excursions) |
| Additional support: | excursions@edinburgh.gov.uk or 0131 469 3953 |

| **SECTION 1 Establishment Details** |
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| 1.1 Establishment name:  | [enter text into BLUE fields ONLY – applies throughout this form – please delete this message] |
| 1.2 Contact telephone: |  |
| 1.3 Group Leader(s) name(s): |  |
| 1.4 Key contact email: |  |

| **SECTION 2 Excursion Programme Details**  |
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| 2.1 Dates and times of excursion programme (include each individual excursion within the programme): |
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| 2.2 Purpose of excursion programme (BEST FIT primary foci – you can select **up to** 4 and use the ‘other’ row if required): |
| Option 1. | Option 2. | Option 3. | Option 4. |
| Other: |
|  |
| 2.3 Intended outcomes: |
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| 2.4 Place(s) to be visited (be as specific as possible): |
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| 2.5 What non-adventurous activities are you doing (complete Section 5 for adventurous activities)? |
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| 2.6 Travel arrangements (be as specific as possible including all modes of transport): |
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| **SECTION 3 Group Details (excluding supervisory adults)** |
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| 3.1 Total number: |  | Female: |  | Male: |  | Not specified/other: |  |
| 3.2 Are there any participants with additional needs? | Choose an item. |
| 3.3 If yes, provide appropriate details and state additional support to be provided:  |
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| 3.4 Age range and any additional information about the group (planned changes in numbers/previous experience of participants in planned activity):  |
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| **SECTION 4 Supervisory Adults Details (please ensure you complete 4.2 to 4.9 for all persons)** |
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| 4.1 Total planned number of supervisory adults: |  |
| 4.2 Name | 4.3 Establishment Role (best fit) | 4.4 Gender | 4.5 Group Leader Training (theory + last 3 years) | 4.6 Other relevant qualifications/info (incl. driving permit if applicable) | 4.7 Relevant experience to this excursion programme | 4.8 PVG | 4.9 Valid and relevant **first aid** qualification |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
|  | Choose. |  | Choose. |  |  | ? | Choose. |
| 4.10 If additional rows are required, see guidance notes in the yellow box above.  |

| **SECTION 5 Adventurous Activities** |
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| 5.1 Provide details of who is delivering these activities: | Choose an item. If **solely** Bangholm, Benmore and/or Lagganlia, no more information required and go to **Section 6**. If ‘Other CEC approved provider(s)’ or ‘combination’, go to 5.2. |
| 5.2 Approved Provider name(s):  |  |
| 5.3 List the adventure activities to be provided:(must match those activities approved by CEC – see [CEC Approved Providers’ List](https://www.edinburgh.gov.uk/directory/35/adventurous_activity_providers)) |  |
| 5.4 List any activities you wish to do that are not currently approved by CEC i.e. activities not listed in the CEC Approved Providers’ List: |  |
| Provide copies of relevant standard operating procedures, risk assessments and evidence of insurance for these additional activities.  |

| **SECTION 6 Home Base Support and Emergency Procedures** |
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| 6.1 Home Base Contact name(s) and role(s):More than one person? Insert when they will perform this role.  |  | Phone number(s): |  |
| 6.2 Are procedures in place at **your** establishment to deal with an emergency? | Choose an item. |
| 6.3 Are contact and relevant medical details of **all** participants, including supervisory adults, known and accessible to **relevant** persons? | Choose an item. |

| **SECTION 7 Travel and Personal Accident Insurance** |
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| 7.1 With reference to Section 5.1.2 of the Excursions Policy, have you decided to organise **CEC Travel and Personal Accident Insurance**?  | Policy Section 5 (Insurance)  (double-click to read) | Choose an item. |
| 7.2 Provide details of any **non-CEC** Travel and Personal Accident insurance (exceptional circumstances – insurance via CEC is usually the preferred option). Leave blank if this is not applicable. |
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| **SECTION 8 Additional Information** |
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| 8.1 Additional and relevant information to support this approval process (attach any other documentation if needed): |
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| **SECTION 9 Approved by Head of Establishment and Excursions Coordinator** |
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| 9.1 This excursion programme has the approval of the Head of Establishment. | Choose an item. |
| 9.2 The choice of Group Leader(s) is appropriate for this excursion programme and they are aware of their responsibilities.  | Choose an item. |
| 9.3 The choice of supervisory adults is appropriate for this excursion programme and they are aware of their responsibilities.  | Choose an item. |
| 9.4 An appropriate risk assessment has been carried out for this excursion programme. It will be adjusted where necessary throughout the programme. Significant risks have been/will be shared with relevant persons.  | Choose an item. |
| 9.5 Where necessary, additional advice has been taken via the Sport and Outdoor Learning Unit.  | Choose an item. |
| 9.6 This excursion programme complies with the requirements of [CEC’s Excursions Policy](https://orb.edinburgh.gov.uk/excursions) (latest version). | Choose an item. |

| Excursions Coordinator’s name: |  |
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| The Excursions Coordinator MUST return this form and supporting documentation **via their CEC email/approved organisation address** to excursions@edinburgh.gov.uk. **Ensure the Head of Establishment is copied into the email** **(confirmation of their approval)**. |

| **SECTION 10 Approval and Registration by the Sports and Outdoor Learning Unit** | To be completed by the S and OL Unit.  |
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| 10.1 Date received: | Click or tap to enter a date. |
| 10.2 Registered by: | Choose an item. If other, specify: | Date: | Click or tap to enter a date. |
| 10.3 Group Leader check (includes specialist DofE GL course): | Name:  | Choose an item. | Training Date: | Click or tap to enter a date. |
| Name: | Choose an item. | Training Date: | Click or tap to enter a date. |
| Name:  | Choose an item. | Training Date: | Click or tap to enter a date. |
| Name:  | Choose an item. | Training Date: | Click or tap to enter a date. |
| 10.4 Excursions Coordinator check:  | Name:  | Choose an item. |
| 10.5 Checked by Technical Adviser: | Choose an item. If other, specify:  | Date: | Click or tap to enter a date. |
| 10.6 Excursion Status: |

| Choose an item. | Choose an item. |   |
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