

**Communities and Families Excursions**

**EX4single**

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| **Category 4 Approval Form (single)**  | **EX4single (formerly EE1)**  |
| Version: | Nov 2018 |
| Reference Number (to be completed by Sport and Outdoor Learning Unit): |  |
| **Use for individual/single Category 4 excursions**. Use **EX4multi** for a continuous/regular programme of multipleCategory 4 excursions. Text boxes will expand as you insert relevant information.  |
| Guidance notes:These will answer most questions re: completing this form.  |   | CEC Excursions Policy (Orb link): | [CLICK HERE](https://orb.edinburgh.gov.uk/excursions) |
| Additional support: | excursions@edinburgh.gov.uk or 0131 469 3953internationalexcursions@edinburgh.gov.uk  |

| **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 Details**  |
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| 2.1 Date and time of excursion: |
| Start Date: | Click or tap to enter a date. | Expected start time (best fit): | Choose.  | **:** | Choose. |
| Finish Date: | Click or tap to enter a date. | Expected finish time (best fit): | Choose.  | **:** | Choose. |
| 2.2 Purpose of excursion (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). Include details of overnight accommodation if relevant: |
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| 2.5 What non-adventurous activities are you doing (complete Section 6 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 | 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 Overseas Travel Additional Information**  | If no overseas travel, go to Section 6. |
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| 5.1 Detail relevant travel and/or activity provider accreditations: |  |

| **SECTION 6 Adventurous Activities** | If no adventurous activities, go to Section 7.  |
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| 6.1 Provide details of who is/are delivering these activities: | Choose an item. No more info required if solely Bangholm, Benmore and/or Lagganlia. If ‘CEC approved provider(s)’, ‘other’ or ‘combination’, provide more details below (including activities, providers, AALS licence details - if not a CEC approved provider): |
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| **SECTION 7 Home Base Support and Emergency Procedures** |
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| 7.1 Home Base Contact name(s) and role(s):More than one person? Insert when they will perform this role.  |  | Phone number(s): |  |
| 7.2 Are procedures in place at **your** establishment to deal with an emergency? | Choose an item. |
| 7.3 Are contact and relevant medical details of **all** participants, including supervisory adults, known and accessible to **relevant** persons? | Choose an item. |

| **SECTION 8 Travel and Personal Accident Insurance** |
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| 8.1 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. |
| 8.2 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 9 Additional Information** |
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| 9.1 Provide any additional and relevant information to support this approval process, including any provider accreditations for UK based excursions (see Section 5 for Overseas). Attach any other documentation if needed. |
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| **SECTION 10 Approved by Head of Establishment and Excursions Coordinator** |
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| 10.1 This excursion has the approval of the Head of Establishment. | Choose an item. |
| 10.2 The choice of Group Leader(s) is appropriate for this excursion and they are aware of their responsibilities.  | Choose an item. |
| 10.3 The choice of supervisory adults is appropriate for this excursion and they are aware of their responsibilities.  | Choose an item. |
| 10.4 An appropriate risk assessment has been carried out for this excursion. Significant risks have been shared with relevant persons.  | Choose an item. |
| 10.5 Where necessary, additional advice has been taken via the Sport and Outdoor Learning Unit.  | Choose an item. |
| 10.6 This excursion complies with the requirements of [CEC’s Excursions Policy](https://orb.edinburgh.gov.uk/excursions) (latest version). | Choose an item. |
| Excursions Coordinator’s name: |  |
| The Excursions Coordinator MUST return this form and supporting documentation **via their CEC/approved organisation email address** to excursions@edinburgh.gov.uk. **Ensure the Head of Establishment is copied into the email (confirmation of their approval)**.  |

| **SECTION 11 Approval and Registration by the Sports and Outdoor Learning Unit** | To be completed by the S and OL Unit.  |
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| 11.1 Date received: | Click or tap to enter a date. |
| 11.2 Registered by: | Choose an item. If other, specify: | Date: | Click or tap to enter a date. |
| 11.3 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. |
| 11.4 Excursions Coordinator check:  | Name:  | Choose an item. |
| 11.5 Checked by Technical Adviser: | Choose an item. If other, specify:  | Date: | Click or tap to enter a date. |
| 11.6 Excursion Status: |

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