EX4sleepover

For schools.

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| **Category 4 Approval Form (sleepover)** | | **Ex4sleepover** | | | |
| This form has been designed so that all the school onsite sleepover resources are in once place and can be used as a planning and approval tool for your sleepover. For non-school sleepovers, contact [excursions@edinburgh.gov.uk](mailto:excursions@edinburgh.gov.uk) . | | | | | |
| Version: | | Nov 2019 | | | |
| Reference Number (to be completed by Sport and Outdoor Learning Unit): | | | | |  |
| **Use for Category 4 onsite sleepovers**. Use **EX4single and EX4multi** for other Category 4 excursions.  Text boxes will expand as you insert relevant information. | | | | | |
| Support | CEC Excursions Policy (Orb link): | | | [CLICK HERE](https://orb.edinburgh.gov.uk/excursions) | |
| Additional support: | | [excursions@edinburgh.gov.uk](mailto:excursions@edinburgh.gov.uk) or 0131 469 3953  [School.Lets@edinburgh.gov.uk](mailto:School.Lets@edinburgh.gov.uk) | | |

| **SECTION 1 Establishment Details** | | | |
| --- | --- | --- | --- |
| 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: |  | | |
| 1.5 Are there any other schools involved with this event? | Choose an item. | If yes, name the schools: |  |

| **SECTION 2 Excursion Details** | | | | | | | | | |
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| 2.1 Dates and time of **onsite sleepover**: | | | | | | | | | |
| 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 **onsite sleepover** (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: | | | | | | | | | |
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| 2.3 Intended outcomes: | | | | | | | | | |
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| 2.4 Location of sleepover and details of sleeping arrangements. Include information about which part of the venue/facility is being used and how the sleeping arrangements are being organised: | | | | | | | | | |
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| 2.5 What **onsite** non-adventurous activities are you doing (complete Section 8 for adventurous activities)? | | | | | | | | | |
|  | | | | | | | | | |
| 2.6 Are participants going offsite for any purpose? | | | | Choose an item. | | If yes, go to 2.7. If no, go to Section 3 | | | |
| 2.7 Provide details (provide as much detail as possible, including modes of travel / ensure this is risk assessed / include any adventurous offsite activity in Section 7): | | | |  | | | | | |

| **SECTION 3 Lets Application Form** | PRIMARY SCHOOLS: 3.1 and 3.2 MUST BE COMPLETED.  SECONDARY SCHOOLS: go to Section 5 (leave this section blank). | |
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| 3.1 Complete the Lets application form: | 3.1 Lets Application Form: | |
| Double click to open: Saving the EX4 form will save this embedded form. | |
| 3.2 Has the Lets application form (3.1) been completed? | | Choose an item. |
| 3.3 Any questions about the Lets form? | Contact School Lets [School.Lets@edinburgh.gov.uk](mailto:School.Lets@edinburgh.gov.uk) | |
| **Primary Schools - STOP!** Email this form to [excursions@edinburgh.gov.uk](mailto:excursions@edinburgh.gov.uk). The proposed onsite sleepover will be registered and then forwarded to [School.Lets@edinburgh.gov.uk](mailto:School.Lets@edinburgh.gov.uk). COPY THE HEAD OF ESTABLISHMENT, EXCURSIONS CO-ORDINATOR and BUSINESS MANAGER into the email.  DO NOT COMPLETE SECTION 5 ONWARDS until the form has been returned with an initial decision in SECTION 4. | | |
| **Secondary Schools – ignore section 3 and go to Section 5.** | | |

| **SECTION 4 PART 1 Approval and Registration** | | | | | | | To be completed by the S and OL Unit / Lets Team | | |
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| 4.1 Date received: | | | Click or tap to enter a date. | | | | | | |
| 4.2 Registered by: | | | Choose an item. If other, specify: | | | Date: | | | Click or tap to enter a date. |
| 4.3 Decision from School Lets Team: | | Choose an item. | | | | | | | |
| 4.4 Comments from Lets Team: |  | | | 4.5 Conditions from Lets Team (no conditions if blank): | Conditions: | | | Progress (completed by school): | |
| 1. | | |  | |
| 2. | | |  | |
| 3. | | |  | |

| **SECTION 5 Group Details – participants (excluding supervisory adults)** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5.1 Total number: |  | Female: |  | Male: |  | Not specified/other: |  |
| 5.2 Are there any participants with additional support needs (including medical)? | | | | | | | Choose an item. |
| 5.3 If yes, provide appropriate details and state additional support to be provided: | | | | | | | |
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| 5.4 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 6 Supervisory Adults Details (please ensure you complete 6.2 for all persons)** | | |
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| 6.1 Total planned number of supervisory adults: | | Choose an item. |
| 6.2 Details of supervisory adults:  **Saving the EX4 form will save this embedded form.** | Details:  Important: **From January 2020**, the Group Leader is required to have undertaken GL training (CF2483) prior to the event. Book via myHR. | |

| **SECTION 7 Risk Assessments** | 7.3, 7.4 and 7.5 MUST BE COMPLETED. | | | |
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| 7.1 Complete the risk assessment (read the risk assessment guidance first):  **Saving the EX4 form will save these embedded forms.** | 7.2 General risk assessment guidance (essential reading): | | 7.3 Risk assessment  (to be completed): | 7.4 Fire risk assessment (to be completed): |
|  |  | |  |  |
| 7.5 Have the general (7.3) and fire risk (7.4) assessments been adapted, completed and shared with relevant persons for this **onsite sleepover** event? | | | | Choose an item. |
| 7.6 Any questions about the risk assessments? | | Email: Scott Campbell [Scott.Campbell@edinburgh.gov.uk](mailto:Scott.Campbell@edinburgh.gov.uk) | | |

| **SECTION 8 Adventurous Activities** | | If no adventurous activities, go to Section 9. |
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| 8.1 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 9 Home Base Support and Emergency Procedures** | | | | |
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| 9.1 Home Base Contact name(s) and role(s):  More than one person? Insert when they will perform this role. |  | Phone number(s): | |  |
| 9.2 Are procedures in place at **your** establishment to deal with an emergency? | | | Choose an item. | |
| 9.3 Are contact and relevant medical details of **all** participants, including supervisory adults, known and accessible to **relevant** persons? | | | Choose an item. | |

| **SECTION 10 Travel and Personal Accident Insurance** | | |
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| 10.1 With reference to Section 5.1.2 of the Excursions Policy, **CEC Travel and Personal Accident Insurance** is not mandatory for onsite school sleepovers. ‘No’ has been pre-selected. | Policy Section 5 (Insurance)  (double-click to read) | No |
| 10.2 Provide details of any **non-CEC** Travel and Personal Accident insurance, or any other **non-CEC** insurance type. Leave blank if this is not applicable. | | |
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| **SECTION 11 Additional Information** |
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| 11.1 Provide any additional and relevant information to support this approval process. Attach any other documentation if needed. |
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| **SECTION 12 Approved by Head of Establishment and Excursions Coordinator** | | |
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| 12.1 This excursion has the approval of the Head of Establishment. | | Choose an item. |
| 12.2 The choice of Group Leader(s) is appropriate for this **onsite sleepover**. They are judged by the Head Teacher to be competent to lead this **onsite sleepover** and are aware of their responsibilities. They have the authority to direct supervisory adults. | | Choose an item. |
| 12.3 The choice of supervisory adults is appropriate for this **onsite sleepover** and they are aware of their responsibilities. | | Choose an item. |
| 12.4 Section 6 (risk assessments) has been completed by competent persons and shared with relevant persons. | | Choose an item. |
| 12.5 Where necessary, additional advice has been taken via the Sport and Outdoor Learning Unit or School Lets Team. | | Choose an item. |
| 12.6 This **onsite sleepover** 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](mailto:excursions@edinburgh.gov.uk). **Ensure the Head of Establishment and Business Manager is copied into the email (confirmation of their approval)**. | | |

| **SECTION 13 PART 2 Approval and Registration by the Sports and Outdoor Learning Unit** | | | | | | | | To be completed by the S and OL Unit. | |
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| 13.1 Date received: | | Click or tap to enter a date. | | | | | | | |
| 13.2 Registered by: | | Choose an item. If other, specify: | | | | | Date: | | Click or tap to enter a date. |
| 13.3 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. |
| 13.4 Excursions Coordinator check: | | | Name: | | Choose an item. | | | | |
| 13.5 Checked by Technical Adviser: | | | Choose an item. If other, specify: | | | | Date: | | Click or tap to enter a date. |
| 13.6 Excursion Status: | | | | | | | | | |

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