EX4sleepover

For schools.

|  |  |
| --- | --- |
| **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 . |
| 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 or 0131 469 3953School.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**  |
| --- |
| 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: |
|  |
| 2.3 Intended outcomes: |
|  |
| 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: |
|  |
| 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). |
| --- | --- |
| 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  |
| **Primary Schools - STOP!** Email this form to excursions@edinburgh.gov.uk. The proposed onsite sleepover will be registered and then forwarded to 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  |
| --- | --- |
| 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:  |
|  |
| 5.4 Age range and any additional information about the group (planned changes in numbers/previous experience of participants in planned activity):  |
|  |

| **SECTION 6 Supervisory Adults Details (please ensure you complete 6.2 for all persons)**  |
| --- |
| 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.  |
| --- | --- |
| 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  |

| **SECTION 8 Adventurous Activities** | If no adventurous activities, go to Section 9.  |
| --- | --- |
| 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): |
|  |

| **SECTION 9 Home Base Support and Emergency Procedures** |
| --- |
| 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** |
| --- |
| 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. |
|  |

| **SECTION 11 Additional Information** |
| --- |
| 11.1 Provide any additional and relevant information to support this approval process. Attach any other documentation if needed. |
|  |

| **SECTION 12 Approved by Head of Establishment and Excursions Coordinator** |
| --- |
| 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. **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.  |
| --- | --- |
| 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. |   |
| --- | --- | --- |