

**Application for approval (for all educational visits, residential visits, sporting and hazardous pursuits)**

From .....

Establishment .....

Address .....  
(for correspondence)

..... Postcode .....

Tel no ..... E-mail .....

Nature of the group, eg school, youth,  
post-16, DofE, Social Services...

**Two copies** of this form must be completed and submitted to the County Office at least **eight weeks** before the proposed activity.

1 Date of outward journey / / Date of return journey / / Mode of travel .....

2 Destination or places to be visited (postal address) .....

..... Country(ies) .....

3 Accommodation to be used ..... Has it been used by you before? Yes / No

4 **Emergency telephone contact number at destination** .....

**Emergency contact person(s) telephone number(s) at home (out of office hours)** – *only one required if just one overnight involved*

Contact person 1 .....

Contact person 2 .....

5 Group members (**excluding staff**)

Males ..... age range ..... (including ..... over 18 years)

Females ..... age range ..... (including ..... over 18 years)

6 Proposed hazardous pursuits (if any) .....

7 Name of tour operator or company used ..... Tel no .....

Type of financial bonding (eg: ABTA, ATOL, IPT ...) .....

8 Travel arrangements (eg: coach), name & tel no of company .....

9 Is the instructing or leading to be undertaken by centre or company staff? Yes / No

10 Name(s) of **your** professionally qualified staff, eg teacher, youth worker

| Name (group leader first) | M/F   | Any activity qualification held relevant to the venture, eg Open Country | Date obtained/updated |
|---------------------------|-------|--|-----------------------|
| .....                     | ..... | .....  | .....                 |
| .....                     | ..... | .....  | .....                 |
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| .....                     | ..... | .....  | .....                 |
| .....                     | ..... | .....  | .....                 |

*Please indicate if any staff will not be present throughout the venture*

11 Number of support adults (volunteers or other responsible adults)

Male

Female

12 **Insurance:** Council insurance is automatic once this form is authorised.  
(Portsmouth schools/groups subject to the Portsmouth scheme)  
Post-16 establishments are subject to their own arrangements.

**Details of the programme of activities**

Please give full details of your plans for each day or attach a copy (including itineraries, routes and special safety measures/equipment, campsite grid references...)

**Previous experience of this venture**

Have you pre-visited the site(s)? Yes / No Has a written risk assessment been completed? Yes / No

**Recommendations for approval**

This approval confirms that we consider the event to have 'significant educational value' and that the arrangements are in accordance with the appropriate Council regulations. We confirm that the party leader and other appropriate staff have read the relevant sections of *Off-site Activities and Educational Visits: Regulations and Guidance* and the safety regulations for the appropriate activities as defined in *Safety in Hazardous Pursuits: Regulations and Guidance*.

1 **Head of establishment**

Signature and date ----- / /

2 **Governing body representative** (schools and school DofE groups), **or**  
**Managing body, senior youth worker, DofE Award Officer** (non-school groups), **or**  
**County Sports Officer** (sports associations)

Signature and date ----- / /

**Approval**

3 **Approved**, subject to any limitations specified below

----- / /

County Inspector : Outdoor Education  
on behalf of Hampshire, Portsmouth and Southampton LEA/Councils

**Note to Post-16 establishments:** This signature confirms that this venture reflects current good practice and conforms to Council standards; however, responsibility remains with the establishment

**Limitations**

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County Inspector : Outdoor Education

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**Return to:**

**County Inspector, The Outdoor Education Unit, Hampshire County Council, County Office, The Castle, Winchester SO23 8UG**

**Note:** Please ensure that you have the two approval signatures required at 1 **and** 2.