

**APPLICATION FOR APPROVAL BY LANCASHIRE COUNTY COUNCIL
FOR SCHOOLS AND YOUTH AND COMMUNITY SERVICE GROUPS
TO UNDERTAKE AN ACTIVITY/EXPEDITION/RESIDENTIAL/EXCHANGE VISIT**

To be submitted **AT LEAST 6 weeks** (6 months for visits outside the UK) prior to the event taking place
(Please see Section G of this Form: 'Notes')

A. GROUP AND ORGANISER DETAILS

Name of School/Youth Group: Dist/Sch No/.....

Address of School/Youth Group:

.....

Email address:

School/Youth Centre Contact Tel No: (.....)

Name of Activity/Expedition/Visit Organiser/Visit Leader*:

Visit Leader's Telephone No: Work: (.....) Home: (.....)

Mobile:

B. ACTIVITY & INSTRUCTOR DETAILS

Purpose of visit and specific Educational Objective:

1.

2.

3.

Details of the Programme of Activities:

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Places to be visited:.....

Type of Activity:.....

Alternative Planned activity (Plan B):

Date of Departure: Date of Return:

Time of Departure: Time of Return:

Has a Pre-Visit been undertaken? Yes*/No* Date undertaken

Date of intended pre-visit

Transport arrangements: Hire/LCC/Own Vehicle* **(Please refer to the Policy and Appendix 4)**

Please give details of transport arrangements:

.....

Organising Company/Agency (if any):

Name:

Address:

Telephone No (.....) Licence No.: (if AALA registered)

Proposed cost and financial arrangements:

.....

Insurance Arrangements for all members of the proposed party, including voluntary helpers:

Insurance Company: Tel: No. (.....)

Address:

Insurance Cover: Policy No:

Size & Composition of Group:

Age Range: No. of Boys: No. of Girls:

Adult to Pupil Ratio: **(Check Ratios in Policy – Section 3.2)**

Name of First Aider Accompanying the Party:

List ALL persons accompanying the party - including the visit leader

(Use another sheet if necessary)

1. Name:

Specific Responsibility: LCC Reg no (if applicable):

Telephone No: Work: (.....) Home: (.....) Mobile:

2. Name:

Specific Responsibility: LCC Reg no (if applicable):

Telephone No: Work: (.....) Home: (.....) Mobile:

3. Name:

Specific Responsibility: LCC Reg no (if applicable):

Telephone No: Work: (.....) Home: (.....) Mobile:

4. Name:

Specific Responsibility: LCC Reg no (if applicable):

Telephone No: Work: (.....) Home: (.....) Mobile:

N.B. 'LCC Reg no' = the Lancashire County Council Registration number for approved instructors.

Do any of the above named staff/volunteers have a child(ren) accompanying the visit? **Yes/No**
If 'Yes' to the above question, please refer to the Policy Section 3.2.1.

C. HEALTH & SAFETY

Intended date of briefing to pupils/young people: Intended date of parental/carer briefing:

Parental/carer consent obtained: Yes/No* Medical information provided: Yes/No*

Name of Emergency Base Contact Person:

Telephone No. (.....) Out of Hours Tel No: (.....)

NOTE: The Base Contact **MUST:**

- ◆ not be part of the visit/activity,
- ◆ be available for the whole duration of the visit/activity,
- ◆ be in possession of all details from this Form 1B and
- ◆ have all the participants names, addresses and telephone numbers and emergency contact numbers etc. (Please refer to Form 9).

Contact details in the event of a major incident:

Designated Senior Staff: 1) Telephone No. (.....)

2) Telephone No. (.....)

D. RESIDENTIAL DETAILS

Centre/Base/Campsite: Head of Centre Name:
(If more than one camp site/base, list them and give Telephone numbers)

Address:

..... Telephone No: (.....)

E. DUKE OF EDINBURGH EXPEDITIONS/ADVENTUROUS ACTIVITIES ONLY

Alternative Activities (Plan B):

Location/Route:

An Activity Programme Prepared?: Yes/No* Wild Country Panel informed: Yes/No*

A Route Card Prepared?: Yes/No* Lodged with?:

Is the Instructor carrying a mobile phone?: Yes/No* Mobile No.:

Is the Group carrying a mobile phone?: Yes/No* Mobile No:

All activities must be approved, by the appropriate signatories – see overleaf.

(* Please delete as appropriate)

F. APPROVAL SECTION

Date the Visit was approved by the Governing Body:

Signature of Visit Leader: Date:

Print Name:

If this application is late (see notes below), please give the reasons for the delay:

Signature of Headteacher/EVC (Only when Governing Body approval has been given) or DTM (District Team Manager) – before submission to the Authority for approval.

Signature: Date:

Print Name

Headteacher/EVC/DTM*

G. NOTES

1. A copy of all forms should be retained in School/District Youth Office.
2. Forms should be submitted to the Authority **AT LEAST 6 WEEKS** prior to the event taking place.
3. For visits abroad, the Forms should be submitted to the Authority **6 months** prior to the event taking place.
4. Late applications will only be considered by the Authority in exceptional circumstances, but there is no guarantee that approval would be given.
5. A separate form should be submitted per each activity.
6. Form 1B should be forwarded, **together with a copy of the Risk Assessment (Form 5)**, to:
Educational Visits Team, Youth and Community Service,
6 Fishergate Court, Preston Lancashire PR1 8QF.

H. FOR LANCASHIRE COUNTY COUNCIL USE ONLY

Approval by the appropriate Local Authority Officer

Signature: Date:

Date the approval notification is sent to Headteacher/EVC/DTM*

**PLEASE ENSURE THAT ALL PAGES ARE COMPLETED BEFORE
SUBMITTING FORMS 1B AND 5 TO THE AUTHORITY FOR APPROVAL
FORM 5 (RISK ASSESSMENT) MUST ALSO INCLUDE THE ALTERNATIVE PLANNED ACTIVITY**

