**St John the Baptist School**

**Risk Assessment - All UK & Overseas Trips**

School trips are a key of aspect life at SJB and are run year round except for between February half-term and May half-term. Please liaise with Jacquie Coady prior to booking any aspect of the trip/visit. This form should be completed electronically and emailed to Jacquie Coady **no later than two months prior to departure** for approval.

This assessment to be to be completed by the Trip Lead for the trip/activity/visit.

Jacquie Coady will give you an exemplar risk assessment as well as a copy of any RA for the centre you are attending. If you need any further support in writing the RA then please see Matt Walker.

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| **Has this trip been approved for costs and in Principle by Matt Walker? If ‘No’ you will need to get approval before continuing.** | Yes / No |
| **Visit title/description** |  |
| **Date/s of visit** |  |
| **Department** |  |
| **Trip Leader** |  |
| **Other named Staff attending**Suggested no. Staff required to meet Ratio (1:15 day trips & 1:10 residential). Nb. For all overseas trips a Min. of 2 staff needed. | **Staff to student Ratio** | **1 :** |
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| **Year Group(s) or Subject class(es)** |  |
| **Final Number of students** |  |
| **What will be the sole or main country visited?** |  |
| **Are there any cross-border visits or excursions to other countries? If so, where?**  | Yes / No |
| **Is this trip escorted by a travel company or activity provider?** | Yes / No |
| **If answer above is yes, please state who:** |  |
| **Do they hold the Learning Outside the Classroom Quality Badge (LOtC QB)? If not, another provider will need to be sourced or the provider questionnaire completed on EVOLVE.**  | Yes / No |
| **Please describe the main purpose and activities for this trip.** |
| **Are activities school led or by host/other provider?** | **School** Yes / No**Other** Yes / No | **If other provider, state who:** |
| **For trips and activities managed by the host or other provider please attach a copy of their risk assessment and itinerary.** | **Risk assessment attached?** Yes / No**Itinerary attached?** Yes / No |

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| **Please outline the transport arrangements for this trip, including collection and dispersal of students:** |
| **Detail any specific allergies, medical conditions and measures that are in place to manage those conditions:** |
| **Are trained first aiders present on this trip? If so whom?** |  |
| **Please detail specific risks arising from the following risk factors and their risk reduction measures as appropriate.** |
| **Risk Types** | **Perceived risks** | **Who is at risk?** | **Reduction and risk management measures** |
| **Personal & medical** |  |  |  |
| **Transport** |  |  |  |
| **Activity related** |  |  |  |
| **Environmental** |  |  |  |
| **Human activity** |  |  |  |
| **Other significant risks** |  |  |  |
| **Please detail any FCO/Home Office advice relating to the destination you are travelling to.** |
| **Please detail any COVID related measures being put in place to ensure the safety of staff and students on the trip (as per any national guidance at the time of writing/travel)** |

The following section is to be completed by the SJB Risk Assessor (Matt Walker)

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| **FCO/Home Office advice checked** Yes / No | **Staff advised re security & terrorism, vigilance and Run Hide Tell video** Yes / No | **Check with Insurer re any high risk activities.** Yes / No |
| **Advice against travel**Yes / No | **Local Threats and Risks Identified** Yes / No | **Pre overseas trip staff briefing conducted** Yes / No |
| **Summary and advice given to Trip Lead:** |
| **Emergency numbers card:** Yes / No | **RISK ASSESSMENT APPROVED** **BY MATT WALKER**: Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_  |

**IF YOU ARE RETURNG OUT OF HOURS PLEASE ENSURE YOU KNOW HOW TO GET IN THROUGH THE SCHOOL GATES**