



CHILDREN AND YOUNG PEOPLE'S SERVICE

APPROVAL FOR UNACCOMPANIED INDIVIDUAL PLACEMENTS INVOLVING OUTDOOR AND ADVENTUROUS ACTIVITIES

Before completing this form reference should be made to the LA 'Guidelines for Safety in Outdoor Education and on Educational Visits'

Advice on whether an activity is classed as adventurous can be obtained from the Insurance Section or Outdoor Education Adviser.

TWO copies of the completed form, certified by the referring agency, should be submitted for approval as soon as possible **prior** to the visit.

All the required information should be submitted and no placement should take place without confirmation of this approval.

It is the responsibility of the referring agency to ensure that approval has been given prior to the placement taking place.

CYPS REFERRING AGENCY			
ADDRESS			
TELEPHONE / FAX / E-MAIL			
REFERRING AGENCY LEAD CONTACT			
REFERRING AGENCY CONTACT NAME DURING PLACEMENT AND CONTACT NUMBERS (IF NOT LEAD CONTACT)			
SCHEDULE OF VISITS TO PROVIDER DURING PLACEMENT			
NAME OF YOUNG PERSON			
SCHOOL / COLLEGE / ALTERNATIVE EDUCATION			
YOUNG PERSON EMERGENCY CONTACT DETAILS			
NAME			
RELATIONSHIP TO YOUNG PERSON			
ADDRESS			
TELEPHONE CONTACTS			
DATE(S) OF PLACEMENT		DURATION OF PLACEMENT / FREQUENCY	
NAME OF LEAD EXTERNAL PROVIDER			
ADDRESS			
LEAD EXTERNAL PROVIDER EMERGENCY CONTACT NUMBERS			

CONFIRMATION THAT FORM OE2 HAS BEEN COMPLETED BY THE LEAD EXTERNAL PROVIDER TO BE USED WHERE THEY ARE THE ADVENTUROUS ACTIVITY PROVIDER AND RECORDED WITH THE INSURANCE SECTION, TRAFFORD TOWN HALL

DATE

IF THE LEAD EXTERNAL PROVIDER IS NOT THE ADVENTUROUS ACTIVITY PROVIDER CONFIRMATION THAT THE EXTERNAL PROVIDER TO BE USED HAS COMPLIED WITH TRAFFORD COUNCIL INSURANCE AND HEALTH AND SAFETY REQUIREMENTS.

PUBLIC LIABILITY INSURANCE HEALTH AND SAFETY GUIDELINES SEEN
RISK ASSESSMENTS SEEN EMERGENCY CONTACTS AGREED

WHERE THE LEAD PROVIDER SUB - CONTRACTS FOR ADVENTUROUS ACTIVITIES PLEASE LIST COMPANIES TO BE USED:-

CONFIRMATION THAT FORM OE2 HAS BEEN COMPLETED BY SUB - CONTRACTORS TO BE USED AND RECORDED WITH THE INSURANCE SECTION, TRAFFORD TOWN HALL

DATE

PLEASE LIST ALL ADVENTUROUS ACTIVITIES TO BE UNDERTAKEN AND WITH WHICH COMPANY

DECLARATION BY REFERRING AGENCY

I confirm that appropriate personal accident insurance has been effected for the duration of the placement and that Emergency Procedures to cover all eventualities (eg. accident, behavioural concerns, absence and child protection issues) are in place.

Internal Risk Assessments have been undertaken to include the individual's needs.

Risk Assessments have been provided by the Activity Provider and reviewed.

I am satisfied that an adequate monitoring system is in place and that procedures are agreed so that the Referring Agency, Activity Provider, the Young Person and / or their Parent / Guardian can raise issues or concerns prior to, during and at the completion of the placement.

A file will be available to the appropriate Referring agency line manager to allow monitoring of the event.

An evaluation form will be completed on return to the Outdoor Education adviser.

Signed _____ (Lead Contact)

Date _____

Signed _____ (Head of Establishment) Date _____

FOR CHILDREN AND YOUNG PEOPLE'S SERVICES USE

Approval is given for this visit on behalf of the Authority subject to the conditions set out in the LEA's policy statements relating to educational visits.

Acknowledged

OEA

Date

LEA Reference Number:

Schools, PRU's, Youth Service Projects, Connexions and the YOS should contact the Trafford Adviser for Outdoor Education and Educational Visits for advice on the completion of this form.

Telephone : 0161 911 8651

E-mail steve.berry@trafford.gov.uk

Other CYPS Departments refer to their policy guidance documents.

Please complete the form, as appropriate, and send it with any enclosures to:
Insurance Section, Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0XY
Telephone : 0161 912 4388 Fax : 0161 912 1250
TO ARRIVE AT AS SOON AS POSSIBLE **BEFORE** THE PROPOSED VISIT