



Willesden New Testament Church of God

TRIP RISK ASSESSMENT PACK (TRAP)

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PART 1 : RISK ASSESSMENT VISIT FORM

Name of Ministry/Department organising the trip/visit/activity	
Place or places to be visited and a list of the activities that children will be involved in	
Date of visit.	
Contact details of venue	
(a) Time of departure. (b) Time of return.	
Short statement of travelling arrangements also including times to and from the destination/s <i>Include expectations for children drop off and pickup by parents</i> <i>(more detail will be required later in this document)</i>	
Names of staff with current DBS attending the trip and supervising the children at all times	
Names, addresses and status of parents acting as approved escorts. – Attach a copy of the signed Off-site Volunteer Agreement for each parent	
Number of children in the party grouped according to Age.	
Ratio of Adults to number of children according to age group <i>Use Recommended Ratio table below</i>	
Names of any children in attendance with Special Needs whether it be physical, medical, allergies, learning difficulties <i>(more detail will be required later in this document)</i>	
Please indicate whether you have had approval of the Pastors and CPC and Head of Department, SafeGuarding Lead	

Table of recommended ratios are as follows:-

- 1 adult to every 2 children of nursery age (3 - 4 years old)
- 1 adult for every 4 children in reception class (4 - 5 years old)
- 1 adult for every 6 children in school year 1 to 3 (5- 8 years old)
- 1 adult for every 10-15 children in years 4 to 6 (8 - 11 years old)
- 1 adult for every 15 -20 children in school year 7 onwards (11 - 16 years old)

Guidance on visits covered in Health & safety of Pupils on Educational Visits available at

www.teachernet.gov.uk (search for visits)

<http://www.hse.gov.uk/services/education/school-trips.pdf>

Trip Organiser: Signature: Date:

Safe Guarding Lead..... Signature..... Date.....

Pastor..... Signature..... Date.....

RISK ASSESSMENT PART 1 - CONTINUED

HAZARD	WHO MAY BE AFFECTED	CONTROL MEASURES AND PRECAUTIONS	ANY FURTHER ACTION
List significant hazards which may result in serious harm	All Children	List existing controls or note where the information may be found. (e.g. Information, instruction, training, systems or procedures)	<i>List the risks which are not adequately controlled and proposed action where it is reasonably practicable to do more.</i>
Trip Registers	All Children Names and gender and Parents contact number	A paper register must be taken by named authorised member/s of staff on the trip a)before departing b)upon arrival at the destination, c)upon leaving the destination and d)arrival back Parents acting as escorts must not take a register and must not be put in charge of a group of children	Fully completed Paper registers must be kept by the Trip Organiser or a named authorised member of staff. Ensure children are registered in their groups with a physical check being made that children are present and accounted for at all times
Accident/ Incident Report Form	All Children	Blank copies of the Accident/Incident Report Forms should be kept in the Register folder	<i>Trip Organiser must complete the report within 24 hours of the Accident/Incident along with any Witness statements</i>
Type of transport		Will transport be required? If so what type of transport? How long will the journey be? How suitable will the transport for the children?	What special safety measures will need to be put in place.
Journey to and from the destination	All	Reminders given regarding walking in pairs and stopping at junctions. Adults spread throughout the lines. Lead worker to walk in front of the children. Will alert tube/bus drivers on every tube/bus we use so that they may hold the doors. Will children be wearing high vis bibs and instructed. Leading adults to supervise groups at all times.	Adults are going to talk to the children about staying away from yellow lines on the platform. Adults will be holding hands of targeted children when getting on/ off the transport
Medical problems:	Names of all Children with medical problems	List of medicines / tablets / EpiPen etc	Medical bag to be carried by Trip Organiser or an authorised Adult. Taxi to be called to closest hospital: Please insert name, address and contact number for the nearest hospital in the event of an emergency.
Physical problems	Names of all Children with physical problems	How does the transport and place to be visited cater for the children listed.	Will the child/ren require one to one attendance throughout the trip. What special measures have been put in place.
Food Allergy problems	Names of all Children with Food Allergy problems	List of all Food Allergies	What special measures have been put in place.

Learning & behavioural difficulties	All Children	List of all children with Learning/ behavioural difficulties	What special measures have been put in place.
Eating arrangements	All Children	What lunch/eating arrangements have been made for the children Where will the children eat and at what times. It is expected that all workers /adults will eat with and supervise the children at all times	What special measures will be taken for children with allergies and/or special needs Ensure the letters that will be sent out to parents include requests for information on food allergies. It might be best for children to bring packed lunches from home and not buy food while on the trip to ensure food safety and adherence.
Safety on site	All workers	Trip Organiser must check that ALL workers on the visit have a current DBS All parents escorting the children on the trip have signed the Agreement form. A qualified First-Aider is on the trip	Supervising adults will discuss importance of staying with partner prior to entering Children will be reminded of safety precautions
Terrorism	All	In the case of a terrorist attack, adults will move the children away from the source of danger and stay with them at all times. Follow instructions from the emergency services.	Seek out Safe Haven venue: (Please insert the name and address of the nearest Police Station or Safe Place that you could go to in the event of a serious incident/terrorist attack-make a telephone before the trip to check that this is ok) Alternative routes in the event of transport links being effected: Add 2 alternative routes back to church in the event that transport is disrupted. 1. 2.
Injury onsite or en route to destination	All	Remind children and helpers of being alert when leaving the tube and stations. Ensuring all are looking and listening to instructions before crossing roads to prevent risk of injury.	If injury occurs, trained first aider to deliver support where needed or to notify Trip Organiser and or emergency services if required. First Aider: (Add the name of any first aiders on the trip)
Inappropriate behaviour of children at the venue.	All	Focus Children will be in specific Adult led groups. In the unlikely case of poor behaviour workers and supporting adults will use the appropriate behaviour policy to control the situation or bring child to the Group leader in Charge. Children will be reminded beforehand about the regulations in and around the place you will be visiting.	If in the unlikely case a child is acting very poorly and becoming a danger to others the Trip Organiser will contact the Parents for advice and the child will be separated from the group and stay with an authorised adult and Parents might be asked to collect their children and take no further part in the activity.

Signed _____ Trip Organiser Date: _____

Signed _____ Safe Guarding Lead Date: _____

Signed _____ Pastor Date: _____

PART 2 - PLANNING CHECKLIST

Destination	How many Children	How many adults	Trip Organiser

Responsibility of:

8 weeks before trip

Agree trip and date	Head of Ministry	
Plan costing and affordability of trip PRIOR to placing any booking	Trip Organiser	
Trip booked with provider	Trip Organiser	
Get cost comparison by 2 -3 different companies BEFORE booking Transport	Trip Organiser	
Trip Letters to Parents to be checked by Head of Ministry before sending out Letter	Head of Ministry	
Complete Risk Assessment of trip Venue	Trip Organiser	
Safe haven found, permission acquired and added to risk assessment	Trip Organiser	

Three weeks before trip

Collect permission slips from parents	Trip Organiser	
Create a Trip register	Trip Organiser	
Create a list of children with physical , medical, food, behavioural problems	Trip Organiser	
Send out reminders for any outstanding payments	Trip Organiser	
Trip Organiser must consult with the Pastor and safeguarding Lead about Parents suitability to be a Volunteer. A decision is made which parents can be given Volunteer Agreement	Trip Organiser Head of Ministry Pastors Safeguarding Lead	
Trip Organiser must check all staff going on trip have a current DBS, and have read through the Safeguarding Policy. Organised for a trained First-Aider to be on the trip	Trip Organiser	

One week before trip

Meet with volunteer parents - read over volunteer agreement and get signatures	Trip Organiser	
Check Transport has been paid, and any money needed for the trip has been collected	Trip Organiser Admin Office	

Day before trip

Collect First Aid box(es) and check First-Aid boxes/bags are adequate for the trip	Trip Organiser	
Leave copy of Itinerary and contact details with the Admin office	Trip Organiser	
Call coach company- check arrival time	Trip Organiser	

On the day of trip

Arrange Registration of children as they are dropped off by parent	Trip Organiser	
Allocate group leaders . Put children in allocated groups. Ensure Adult to Child ratio is adhered to.	Trip Organiser Church workers	
Final check of children's pocket money / clothing / bags etc.	Trip Organiser	
Ensure children have had an opportunity to visit a toilet.	Trip Organiser	
Check Coach (e.g. seat belts etc.)	Trip Organiser	
Take registers before departure, on arrival at venue, on leaving the venue, arrival to church	Trip Organiser	
Blank copies of the Accident/Incident Report Forms should be kept in the Register folder	Trip Organiser	
On arrival check availability of first Aid provision and ensure all adults are aware of it	Trip Organiser	
Ensure all children are fully supervised at all times during all activities including Lunch	All workers and Volunteers	
Take registers when leaving venue and estimated time of arrival	Trip Organiser	
On arrival back all workers and volunteers are expected to keep children in an orderly group and fully supervise the children as parents meet and collect their child/ren.	All workers and Volunteers	

PART 3 - OFF- SITE VOLUNTEER AGREEMENT

Off-Site Volunteer Parent Agreement

Trips are an integral part of learning at our Church and may afford children in our care with opportunities which are outside their usual experiences.

You will have an important role to play in the success and safety of this trip and we are thankful that you have volunteered your time.

Please read, sign and return agreement.

This is part of our Church Risk Assessment Planning and Safeguarding arrangements.

Role of the Volunteer Helper

- To be responsible and look after, in equal measure, all of the children in your group under the instruction of the Trip Organiser of the trip.
- To stay with your allocated group of children, ensuring that their wellbeing and safety is maintained for the total duration of the trip.
- To promote polite, respectful and courteous behaviour towards each other and members of the general public. All are ambassadors of our Church.
- To ensure that your group keep up with the body of the Church group, be it walking, entering or exiting from transportation or following speakers for the trip.
- To contact the Trip Organiser if there are issues with first aid, safety and/or behaviour.

Working alongside Church workers

Church staff expect volunteers to:

- Comply with all of the above whilst being under the direct supervision of Trip organiser
- Show a commitment to the group to which you are assigned, an interest in the focus of the visit and assist children in their learning by helping them to read signs/labels/information, asking questions that encourage children to think about the task and help to explain the areas of interest.
- Follow guidance from the Trip Organiser

What is not permitted:

- Volunteers are not allowed to bring additional children e.g. siblings or children in the care of the volunteer on the trip.

- Volunteers are not allowed to smoke, drink alcohol or engage in any illegal practices whilst undertaking their volunteer duties.
- Volunteers are not permitted to take photographs of children or use their mobile phones to take or receive personal calls whilst supervising children.
- Volunteers are not allowed to give/buy their group treats e.g. ice creams, biscuits, sweets – before, during or after the trip.
- Volunteers are not permitted to leave the main group they are assigned to, without first seeking the permission of a Trip Organiser

First Aid

You will be informed if any child in your group has medication/additional needs. If medicine needs to be administered, this will be done by an authorised church worker unless you are the Parent/ Carer of the child who requires medicine, in which case you will be asked to administer this and be responsible for carrying the medicine.

All other medicines and first aid box(es) will be carried by authorised designated church worker

Emergencies

If an emergency arises, you are expected to inform the Trip Organiser as soon as possible.

If you have become separated from the rest of the church party, please telephone one of the Trip Organiser on your contact list or telephone the Admin Office 0208 459 7674 Option 1.

- ✓ **I have read the Offsite-Volunteer Agreement.**
- ✓ **I agree to the terms and conditions as stated in the agreement.**
- ✓ **I will support the children in enjoying the trip and actively contribute to the smooth running of the event.**
- ✓ **I will treat any information I may hear about children as confidential and will not discuss or disclose it**

Signed: _____

Name (*in CAPITALS*): _____

Date: _____



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 T: +44 (0) 208 459 7674 | E: admin@wntcg.org | W: www.wntcg.org

Date of this letter : _____

Dear Parents/Carers,

Trips and activities organised by our Church support your child's learning and development both on the day of the trip/experience and afterwards. At WNTCG we expect all children to attend the trips/ activities to enhance their learning.

ONE-DAY Trip to	
Trip organised by (Ministry/ Department)	
Age Group	
Date and Time of Trip	
Time children will leave Church at <i>(see address in this Letter head)</i>	
Children will return back to the Church at	
Recommended amount of pocket money	
The cost of the trip is	
Payments must be made before (Date)	
Travel arrangements	

- All church workers on this trip have a current DBS and your child will be supervised at all times
- A Risk assessment Form has been completed for this trip.
- To read our safeguarding Policy please visit www.wntcg.org/safeguarding

We will need parent helpers for this trip, if you are able to come please tick the slip below and return it to the Trip Organiser. The Trip Organiser will inform you if we need your assistance.

- All children will need to have a packed lunch, no glass bottles or fizzy drinks.
- Please use the space on the Reply slip to let us know if your child has an allergy or needs to bring medicine / tablets/
- Please ensure your child is dressed appropriately for this trip/activity.

Yours faithfully

Name of Trip Organiser: _____ Contact Number: _____

**All permission slips must be returned to the Trip Organiser before your child's trip.
 We must have written permission for your child or they will be unable to attend the trip.**

PARENT/CARERS PERMISSION SLIP

Trip To: _____ Date of Trip: _____

Child's Name : _____ Age of Child: _____

Name of Parent/Carer _____ I am able to help on the trip YES NO:

Address: _____

Parent/Carer Signature: _____ Relationship to the child: _____

Telephone Number: _____ E mail: _____

My Child has the following physical and/or medical concerns including allergies:



WILLESDEN NEW TESTAMENT CHURCH OF GOD ACCIDENT/INCIDENT REPORT FORM

Instructions: Trip Organiser and adult witnessing the accident/incident should complete this form

SIGNATURES ARE OBTAINED. All witnesses to accident/incident are to submit a written statement to attach to this form.

INJURED PERSON'S NAME: _____				
VENUE/SITE: _____		AGE: _____	DATE OF BIRTH: _____	
SEX: <input type="checkbox"/> M <input type="checkbox"/> F				
NAME OF PARENT OR GUARDIAN(if applicable): _____				
ADDRESS: _____				
PARENTS WORK PHONE: _____		HOME PHONE: _____		
DATE OF ACCIDENT: _____		TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM		
PLACE OF ACCIDENT: _____				
TRIP ORGANISER: _____		ADULT WITNESS: _____		
NATURE OF INJURY	Abrasion	Fracture	<p style="text-align: center;">DESCRIPTION OF THE ACCIDENT</p> <p style="text-align: center;">List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.</p> <p>How did accident happen? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What was student doing? _____</p> <p>_____</p> <p>Where was the student? _____</p> <p>_____</p>	
	Amputation	Laceration		
Asphyxiation	Poisoning			
Bite	Puncture			
Bruise	Scalds			
Burn	Scratch			
Concussion	Shock (Elec)			
Cut	Sprain			
Dislocation	Other (Specify)			
PART OF BODY INJURED	Abdomen	Eye		Leg
	Ankle	Face		Mouth
Arm	Finger	Wrist		
Back	Foot	Nose		
Chest	Hand	Scalp		
Ear	Head	Tooth		
Elbow	Knee	Other		
NAMES OF OTHERS INVOLVED IN ACCIDENT: _____				
IMMEDIATE ACTION TAKEN	First Aid Treatment _____ by (name) _____			
	Name of First Aider _____ by (name) _____			
	Sent home _____ by (name) _____			
	Sent to Doctor _____ by (name) _____			
	Doctor's name _____			
	Sent to hospital _____ by (name) _____			
	Name of hospital _____			
	WAS PARENT NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM			
NAME OF PERSON NOTIFIED: _____				
BY WHOM? _____				
ACTION REQUESTED BY PERSON NOTIFIED: _____				
SIGNATURE OF TRIP ORGANISER: _____				
SIGNATURE OF PERSON COMPLETING FORM (WITNESS): _____				
DATE SIGNED: _____		SAFEGUARDING LEAD INFORMED: YES <input type="checkbox"/> NO <input type="checkbox"/>		