# Mazahirul Uloom London Educational Visits Policy

## 1. Policy Statement

At MUL, we recognise the significant educational value of learning outside the classroom and are committed to providing students with safe, rewarding and inclusive educational visits. This policy outlines our procedures for planning, approving, managing and evaluating all visits, in line with statutory and regulatory requirements.

## 2. Scope

This policy applies to all staff organising or accompanying educational visits, whether day trips, residentials, or overseas visits. It covers visits during and outside of school hours, including curriculum-linked outings, enrichment activities, sports fixtures, and trips abroad.

## 3. Aims of Educational Visits

• Enhance learning across the curriculum through real-world experiences
• Develop independence, resilience and teamwork in pupils
• Support pupils’ spiritual, moral, social and cultural development
• Provide equitable access to enriching experiences for all students

## 4. Roles and Responsibilities

• Headteacher: Overall responsibility for educational visits. Approves high-risk, residential or overseas visits.
• Educational Visits Coordinator (EVC): Oversees planning and approval processes. Supports staff in conducting risk assessments.
• Visit Leader: Plans and delivers the visit. Completes all documentation and ensures safety and supervision.
• Staff and Volunteers: Follow the Visit Leader’s instructions and safeguard students throughout the visit.
• Parents/Carers: Provide consent and relevant medical/emergency contact information.
• Pupils: Follow school rules and behave responsibly at all times.

## 5. Planning and Approval Process

All visits must be authorised in advance by the EVC and/or Headteacher. The Visit Leader must:
• Submit an Educational Visit Proposal Form
• Conduct a pre-visit if appropriate
• Complete a full risk assessment
• Ensure suitable supervision ratios
• Collect parental consent and medical forms
• Ensure travel and accommodation arrangements comply with safeguarding and health and safety standards

## 6. Risk Assessment and Safeguarding

Risk assessments must identify potential hazards and control measures. Safeguarding arrangements must comply with the school’s Safeguarding and Child Protection Policy. Staff must be aware of students with medical or SEND needs.

## 7. Supervision and Staffing

• Appropriate staff-to-student ratios will be determined by the EVC based on risk level, age of pupils, and visit type.
• At least one member of staff must hold an appropriate first aid qualification.
• For mixed-gender visits, both male and female staff should accompany the group where possible.

## 8. Emergency Procedures

The Visit Leader must carry an Emergency Contact Pack including:
• Emergency contact details for pupils and staff
• Copies of medical/consent forms
• School’s emergency contact information
In case of a serious incident, the Headteacher and DSL must be contacted immediately.

## 9. Insurance and Financial Considerations

All visits are covered by the school’s insurance policy. Visit Leaders must confirm cover for high-risk activities or overseas trips. Financial arrangements, including voluntary contributions and bursary support, must be clearly communicated to parents.

## 10. Evaluation and Review

Visit Leaders are required to complete a post-visit evaluation to inform future planning and identify any incidents or near misses. The EVC will maintain a record of visits and feedback.

## Appendices (Below)

A: Educational Visit Proposal Form
B: Risk Assessment Template
C: Parental Consent Form
D: Emergency Contact Protocol
E: Sample Itinerary Template

**Policy updated and reviewed: July 2025 by Headteacher**

**Next review: June 2026**

**Mazahirul Uloom London**

**Educational Visits Policy – Appendices**

**Appendix A: Educational Visit Proposal Form**

**Visit Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Proposed Date(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Visit Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Year Group/Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Objectives:**

**Venue/Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Transport Method:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Estimated Cost per Student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Risk Assessment Completed:** ☐ Yes ☐ No

**EVC Comments:**

**Headteacher Approval:** ☐ Approved ☐ Not Approved
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Appendix B: Risk Assessment Template**

**Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Assessor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Assessment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Hazard** | **Risk** | **People at Risk** | **Control Measures** | **Residual Risk** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Notes:**

**Reviewed by EVC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

**Appendix C: Parental Consent Form**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Year Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Visit Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Visit Date(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Conditions (please specify):**

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to attend the above visit and receive emergency medical treatment if required.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_

**Appendix D: Emergency Contact Protocol**

**In the event of a serious incident:**

* Ensure the safety of all students and administer first aid if required.
* Contact emergency services by dialling **999** if needed.
* Immediately inform the school using the emergency contact list:
	+ **School Office**
	+ **Headteacher**
	+ **Designated Safeguarding Lead (DSL)**
* Record:
	+ Time, location, and nature of the incident
	+ Actions taken and names of those involved
	+ Any witnesses
* Remain in communication with the school until the situation is resolved.

**Appendix E: Sample Itinerary Template**

**Visit Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Visit Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Itinerary:**

| **Time** | **Activity** |
| --- | --- |
| 08:30 | Depart from Mazahirul Uloom London |
| 10:00 | Arrive at [Venue Name] |
| 10:15 | Guided tour or activity begins |
| 12:30 | Lunch break |
| 13:30 | Workshop or second activity |
| 15:00 | Depart venue |
| 16:30 | Arrive back at school |