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| --- | --- | --- | --- |
| Learning Advisor/Adult in Charge |  | Homebase |  |
| Location of Visit |  | Contact Phone Number |  |
| Address of Location |  | Date of Visit |  |
|  |  | Time Leaving |  |
|  |  | Time Returning |  |

Trips and Visits Planner

|  |  |
| --- | --- |
| Other adults involved | RAMS Trained |
|  | Y N |
|  | Y N |
|  | Y N |
|  | Y N |
|  | Y N |
|  | Y N |

|  |  |
| --- | --- |
| Have you Remembered? |  |
| Contact details of attending children | Y N |
| Possible Medical Details of attending children | Y N |
| First Aid Kit | Y N |
| Cell Phone in each group | Y N |
| A copy of this form to the office | Y N |
| A copy of this form to each adult on the trip | Y N |

|  |  |
| --- | --- |
| Signed : | Date : |

* **Students must travel to and from the location with the same driver. In the event of an urgent change, the LA and office must be informed before the driver leaves.**
* **All drivers must have a copy of this form in case they need to contact someone in another vehicle.**
* **All drivers must comply with legal requirements and the requirements covered in RAMS training around the use of vehicles, seatbelts and road worthiness of vehicles.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No |
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| --- | --- | --- | --- | --- |
| Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No | Drivers Name:  Cell No |
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