## **Initial Approval Request Form**

This form must be submitted to the Head of Establishment for approval before excursion arrangements are made.

## **Excursion Details**

Name of Excursion	
Destination	
Pupil numbers (estimated)	
Eligible Year/age Groups	
Name of Visit Leader	
Visit Leader Contact details	
Visit Leader's relevant qualifications and experience	
Date of excursion	
Duration	

## Category of Excursion

Categor	Description	Tick
1	Excursions within the UK without adventurous activities	
2	Excursions within the UK with adventurous activities delivered by an Aberdeenshire Council approved provider or Aberdeenshire Council suitably qualified staff, including DoE expeditions	
3	Excursions to Europe, USA or Canada without adventurous activities	
4	Excursions to Europe, USA or Canada with adventurous activities Aberdeenshire Council approved provider or Aberdeenshire Council suitably qualified staff	
5	All Excursions to countries out with Europe, USA or Canada. All exchange visits to any location	

Brief Description Of Excursion	
Learning Intentions	

Estimated Numbers Participating	Participants	Staff (Please name)	Other Adults
*Please note that where excursions involve an overnight at least one reserve member of staff must be identified.			
Will staff cover be required? Includ	e details.		
Approx total cost per participant			
Proposed total cost to be paid by E	Establishment		
Date:			
Signature of Leader:			
Initial approval by Head of Estal	blishment		
I do/do not authorise planning to the following reasons	o proceed for the pr	oposed excursion s	subject to/for
Date:			