|  |  |
| --- | --- |
| **Group Leader (Name):** |  |
| **Residential/Day Visit:** |  |
| **Venue:** |  |
| **Purpose of visit and specific educational objectives:** |
|  |
|  |
|  |

**Approximate dates of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate dates of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transport Arrangements:**

State the airlines or travel agents you are planning to get proposals from:

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|  |
|  |

**Organising company (if any):**

If you are working with a partner in another country to organise this trip pleas state their details below:

|  |  |
| --- | --- |
| Name: |  |
| Tel: |  | Email:  |  |

|  |  |
| --- | --- |
| **Estimated cost for students**  |  |

**Note insurance, transportation carrier and accommodations will be approved by the Assistant Head i/c Educational Visits.**

**Programme:**

Details of the programme of activities: (provide details on a separate sheet if necessary)

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Details of any hazardous activity and the associated planning, organisation and staffing:

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Names, relevant experience, qualifications and specific responsibilities of staff accompanying the group, including First Aid:

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|  |

**Size and composition of the group:**

**Student population:**

Approximate age range of the students:

Approximate number of girls expected:

Approximate number of boys expected:

**Supervising adults/staff:**

Approximate number of supervising adults/staffs:

Approximate number of Females expected to join:

Approximate number of Male expected to join:

**Acknowledgement of Applicant / Group Leader:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Full Name: |  |

Approval: Granted / Denied

(Circle the appropriate response)

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by Headmaster: |  | Date:  |  |