Trips Tours and Tournaments

Policy and Procedures











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Reference Materials

The "Company" Safeguarding Children Policy
EFL Residential Activities-work with children and young people 2017/18 v 4 FA Travel, Trips and Tours.

NSPCC Recommended adult to child ratios 2018

HSE School trips and outdoor activities 2011

30/10/2023











Trips, Tours and Tournaments Policy and Procedures

Date of Policy: October 2020 updated October 2021 October 2022 October 2023 This policy super-cedes any other Trips, Tours and Tournaments Policy and Procedures.

Statement

Bristol City Football Club, Bristol City Academy, Bristol City Women's Football Club, Bristol City Robins Foundation, Bristol Bears Rugby, Bristol Bears Women, Bristol Bears Academy, Bristol Bears Foundation, Bristol Flyers, Bristol Flyers Foundation, Bristol Sport Foundation, Ashton Gate and Bristol Sport are collectively referred to as "the Company".

The "Company" is committed to providing a caring, friendly, safe environment for all of its members so that they can participate in any sport in a relaxed and secure atmosphere. This guidance is designed to ensure that the "Company" can engage in a range of activities including trips, tours, tournaments, festivals and residentials with confidence, by having planned efficiently to try and ensure that you have everything in place to make the event safe and enjoyable.

Principles

The Club Secretary is notified at least six weeks in advance of all Academy residential tours, festivals and tournaments (appendix 2) and is asked to arrange the necessary insurance via the Club's designated insurers. The Club Secretary also requests the necessary permission from the appropriate governing bodies, where applicable.

The Tours Manager is responsible for liaising with the Academy Manager and coaching staff as regards suitable method of transport and accommodation for each tour, plus adequate staffing. The Academy always meets the minimum requirement of staff/player ratio for all tours and tournaments.

The Tour Manager is always an experienced full-time member of the Academy staff and has experience of supervising Academy players of the age group(s) participating on the tour (appendix 1). All other members of the tour party are either full-time or part-time Academy personnel and therefore have the relevant DBS checks in place. A member of the Safeguarding team will also be present.

All Premier League T Forms are completed well in advance of each tour.

Generic Risk Assessments have been compiled by the Club's Health and Safety Officer to cover the following methods of travel: -

30/10/2023

- Coach
- > Air
- > Ferry
- Euro Tunnel

Where deemed necessary, a tournament pre-visit is carried out by an experienced member of the Academy staff and the Safeguarding Officer to view the intended method/route of travel, accommodation and playing, training and medical facilities. Where this is a new venue the "Company" Health and Safety Officer is also asked to accompany the pre-visit in order to compile an event specific Risk Assessment.

Where the "Company" has participated previously and are using the same method of travel and accommodation, a pre-visit will not be deemed necessary. The previous Risk Assessment is however reviewed on each and every occasion and amended accordingly.

Hotel/sport centre accommodation is used for all tours and tournaments; host family placements are not considered.

Trips abroad

If the Club plans to take part in a tour or tournament abroad, then The FA regulations apply. These also apply when hosting a tournament involving teams from other countries or whilst playing a match against a foreign touring side. Further Information is available by downloading the relevant section in The FA Handbook.

Permission is not needed for one-off matches against teams from Scotland, Northern Ireland or Wales. Documentation is required for matches against teams from the Republic of Ireland and other FIFA countries.

When planning to participate in a football tour or tournament abroad (not Northern Ireland, Scotland or Wales) or are hosting a foreign team at the Club, permission must be granted by the Club Secretary to ensure the plans are approved and endorsed by the Club. Once this has been obtained, approval from The FA to participate or host an activity must also be given prior to the event.

The Club is required to give The FA at least 60 days' notice prior to the event. However, if plans are in place and you inform The FA less than the 60 days before, you may still apply to participate and The FA will endeavor to grant you permission but this may be delayed or result in permission not being granted.

The FA 'Application to Play Matches against Foreign Opposition' form is obtainable from The FA website. This form is to be completed in full and sent to The FA either by email or fax and a copy should be sent to the Youth Co-Ordinator, Pauline Hothersall at the EFL via email, for information only.

E mail: sanctioning@thefa.com Guidance: http://www.thefa.com/football-rules-governance/lawsandrules/rules-of-theassociation EFL: PHothersall@efl.com
All trips, tour information will be kept for a minimum of 3 years by the "Company" administrative team for safeguarding purposes.

Procedures

A pre-tournament staff briefing is held prior to departure where all staff are issued with the relevant documentation in relation to itineraries, tournament schedules, special needs, contact details, etc.

Parental and school permission, where applicable, is always sought well in advance of each tour.

For Academy players of school age, a parental pre-tournament briefing is held prior to each tour; for full-time scholars and players under 18 years of age, parental permission is obtained via Premier League Form T7 and parents are sent copies of the tour and tournament itineraries prior to departure.

The Tour Leader is in possession of travel tickets, passports, European Health Insurance Cards and a contingency fund prior to departure, along with relevant information relating to British Embassies, emergency procedures, Home Contact Person, etc.

Staff ensure that Academy players of school age are in regular contact with their parents throughout the tour, with particular emphasis on safe arrival and scheduled return time for collection of players at the end of the tour.

Academy players on tour wear Club apparel at all times to ensure ease of identification.

Use of swimming pools or any other high-risk activity is prohibited.

The Tours Co-Ordinator is responsible for nominating a Home Contact Person who is contactable at all times for the duration of the tour. They should have a list of who is on the trip and their contact details (including the leaders/helpers).

A member of the Safeguarding Team is included in tour groups and has specific responsibility for players welfare. Everyone in the group is aware of who this person is and what their role is on the trip.

All staff will be provided with a copy of the Emergency Procedures Guidance and EFL Residential activities 2017. They will be asked to sign to say that they have read both documents prior to going on the tour.

On completion of each tour an informal debrief is held between all relevant stake holders to assess all aspects of provision and to ensure good practice is maintained and any improvements incorporated into future events.

The Tours Co-Ordinator maintains the club's tours and tournaments records and sends all applicable notifications to the Premier League /EFL/FA.

Pre tour

When booking accommodation, you need to consider the following:

- What is the locality like?
- Is there secure parking?
- · Can varied dietary needs be met?

- Can valuables be stored safely?
- · What are the night-time security arrangements?
- Is there a current fire certificate?
- Are there en-suite facilities or separate facilities for children and adults? Remember all beds must be single and staff and players must not share a room.
- Work with players to establish a code of conduct and consequences.

Ensure all staff have completed and signed declaration form and read EFL Residential Guidance Notes.

On arrival

- Ensure that everyone is aware of fire exits and emergency procedures and conduct a practice fire drill.
- Check that all windows and doors are safe.
- Remember to check the rooms for any damage and report any you find immediately.
- Check that the players are all allocated no smoking rooms.
- Ensure there is no access to alcohol in the rooms.
- Ensure movie/video access is appropriate or, indeed, not available in the rooms.

During the tour

- · Make sure every child has a Safe Away Card.
- If there is a social area decide on how it will be used and supervised.
- Check your insurance covers non-football activities.
- Players may take part in non- football activities, provided a risk assessment has been conducted and players have completed specific written consent for each activity.
- If there is a bar, establish what rules will be in place.
- Ensure that you have your staff bedrooms spread out, for example if the group is over three floors, there should be at least one adult room on each floor.
- If self-catering, who will do the cooking? Are there any special dietary needs? Agree the menu before you travel.
- Have a group meeting to review the programme and rules.
- Hold daily group meetings and a staff meeting to discuss any issues or problems and solve them.

On Return

• Ask the participants and the staff what they enjoyed and what they would change, this will help with next year's planning.

Date reviewed	Position	Owner
Oct 2020	Executive Board	M.A. Martin
Oct 2021	Executive Board	
Oct 2022	Executive Board	
Oct 2023	Executive Board	











Appendix 1

Job Title:	Tour Manager
Applicable applicants:	Academy Staff; Agreed flexibility provided of Academy role to prepare & attend the tour
Reports to:	Academy Manager
Purpose of the Role:	 To be responsible for the operational management of an Academy tour (whilst on tour) To ensure the players welfare is of paramount importance at all times during the tour

Accountabilities/Responsibilities	Key Performance Indicators	Skills & Experience
1. Operational Management Be responsible for the delivery of the pre-agreed itinerary / logistics during the tour. Ensure player information / medical details are available at all times during the tour. Be responsible for cash float, keeping accurate record of all expenditure. 2 Player Welfare / Safeguarding To be responsible for the safeguarding & welfare of Academy players during tour To promote the Academy Values & Culture at all times To liaise with Head of Welfare & Safeguarding Officer when required To read and sign receipt of EFL guidance residential activities 2017/18	Pre-Tour: Complete handover from Operations of all necessary itineraries / players records / contact details. Complete pre tour venue visit, to complete risk assessments. Participate & contribute to pre-tour staff & player meetings During Tour: Be the point of contact to liaise with accommodation / coach company / staff / players as required. Telephone call to Academy Manager at 9am (post breakfast) & 8pm (post evening meal) each day to update on player welfare & tour progress. Post Tour: Handover of any injury / incident reports. Participate & contribute to post tour staff review. Along with Head of Welfare, lead post tour players' review.	 Essential: FA DBS Check FA Safeguarding Children qualification Be an honest, clear communicator Be able to work as part of a team, but also lead on own initiative Have empathy, be supportive and encouraging of young people Experience of attending / leading tours or trips of young people Be flexible to meet the demands of an Academy tour

ACADEMY YOUTH TOUR NOTIFICATION TO CLUB SECRETARY

The Academy would like to notify the Club Secretary of the planned tour as per the details listed below:-

1. PURPOSE OF TOU	R
Trip	Tours Tournament Trust Residential Other
2. AGE GROUP OF TO	OUR (e.g. U16)
Age group	
Number of players	
3. VENUE	
	Country
4. DATES AND TIMES	S OF TRAVEL
Date of departure	
Time of departure	
Return date	
Planned return time	
5. TRANSPORT ARRA	ANGEMENTS
by flight	by car by train minibus
A short description of the	e transport arrangements must be outlined below
	have volunteered / consented to drive and I confirm they are legally which will be used:
Name of driver(s)	

Vehicle registration no.		
Name of transport		
company (if any)	<u> </u>	
6. INSURANCE		
Club insurance Polices (list th	ose which apply)	
(тесе пинен аррију	
•	dditional are requ	red for adventurous activities or
emergency repatriation)		
7. NAME OF TRANSPORT	COMPANY (IF A	NY)
Public Liability Insurance con-	firmedYe	s No - Level of Liability £
8. ACCOMMODATION		
Name of hotel/lodging		
Address		
Phone number		
Website		
Email address		
9. DETAILS OF PROGRAM	IME OF TOUR	
Attach tour itinerary - include	existing knowledd	e of the place to be visited and if any
exploratory / recognisance visit(s) is intended		
10. DETAILS OF ANY POTENTIAL HAZARDOUS / ADVENTUROUS ACTIVITIES		
11 STAFE ATTENDING (S	dd all cupport staf	f & valuntaars)
11. STAFF ATTENDING (ac	u ali support star	a volunteers)
NAME		RESPONSIBILITY

12. STAFF TO ACADEMY PLAYER RATIO				
13. CONTACT DETAIL	S FOR CLUB CONTACT BASE IN CASE OF AN EMERGENCY			
emergency occurs -	son who will be responsible for the Club's coordinated response if an who can make executive decisions, for example the Club Secretary, or attending the four			
, ,	A attending the tour.			
Full Name				
Address				
Home Tel Number				
Mobile Number				
Office Number				
14. HAS AN ADVANC	E VISIT BEEN UNDERTAKEN?			
	not possible, what action(s) has been taken to ensure the suitability of			
16. PARENTS CONSE				
 Copy of the info 	rmation to be sent to the Parents attached			
 Copy of the blar 	nk consent form to be to parents/legal guardians attached.			

I certify that appropriate consents will be obtained before the tour and that any player that does not have a consent form prior to the event will not be permitted to participate.

The consent forms will contain appropriate medical information on any additional or medical needs which will be considered in the risk assessment process for the event.

17. TOUR LEADER	
Full name	
Role at Club	
Mobile number:	
18. CERTIFICATION	
Pupils on Educational Visi risk assessment for the immediately before travel.	ader has been issued with the DfEE document "Health and Safety of ts, A Good Practice Guide" and the accompanying supplement. That the tour will be carried out in advance of the tour and will be reviewed. The information will be shared with those travelling and a copy will be son and filed in the Academy office
Full name Academy Manager	
Signed	
Date	
To be completed by the (Club Secretary be returned to the Academy Manager with a copy to be kept on file)
To Academy Manager	
The Club agree	e that the Academy can take the players on a Youth Tour as detailed.
The Club do no	ot endorse the planned tour as detailed above, for reason(s) stated
below:-	
Signed	
Full name	
Date	Season

Appendix 3 Add Club logo

YOUTH TRIP, TOUR OR RESIDENTIAL

INVITATION TO COLLEAGUES TO PARTICPATE IN A TOUR

Date:	Season
Dear Colleague,	
Name Role	
You are invited to accompany the Youth Trip/Tour/Tourna	ament for the U () (age group)
The planned dates are:-	
Departure date	
Return date	
Venue	<u></u>
Web address of venue if known	<u></u>
Please confirm if you would like to participate in the ever attached reply letter and return to the Tour Leader by together with your personal emergency contact details emergency during the tour.	y dd/mm/yy (state date of return here),
 Please note; All employees accompanying the tour on behalf of of staff. This is not a holiday. The safety of players on the tour is paramount. 	of the Academy are regarded as members
I look forward to your hearing from you.	
Yours sincerely	
Academy Manager	

Appendix 4 Add Club logo

YOUTH TRIP, TOUR OR RESIDENTIAL

STAFF RESPONSE TO ACADEMY MANAGER

Self-declaration and agreement to participate

Dear Academy Manger,
Thank you for the invitation to accompany the Youth Tour with the (name of Club) to: -
Venue:
Date of departureSeason
Date of return Age Group (U)
I confirm that I would like to be part of the Tour Supervision Party and that I have been issued with a copy of EFL Residential Guidance Notes.
I recognise that whether I am an employee or volunteer, I have the same responsibilities with regard to the welfare and safety of the academy players, or others involved in the event. will abide by any Safeguarding and Health and Safety and Policy Guidance as stipulated by the Academy. I understand that safeguarding children is the responsibility of everyone.
I understand that the Health, Safety and Welfare of academy players is paramount.
I acknowledge that my participation in the event is not considered by me to be a holiday or reward and I also recognise that the supervision of children during this tour means that I an never really 'off duty'.
I have in place an appropriate DBS/CRC which is less than three years old which I consent to you viewing. Since the issue of my most recent DBS/CRC check I confirm that I have not been arrested, cautioned for or charged with any criminal offence and to my knowledge have not been under investigation by either the Police or any Social Care Department.
I enclose the form T2b listing my personal emergency contact details as requested.
I look forward to receiving further information regarding the event soon.
Yours sincerely
Signed
Print name
Position at Club
Date

Appendix 5 Add Club Logo

YOUTH TRIP. TOUR OR RESIDENTIAL

Staff Personal details

	venue:	Age Gro	up.	Date:	Season:
Full name					
Date of birth					
Home address - in full)					
(Include post code)					
(morade post code)	Post code:				
Home Tel. number					
Mobile number					
Next of Kin	Full Name		Tel. nun	nber (day)	
			Tel. nun	nber (night)	
			Mobile i		
			Mobile	no.	
Relationship to you					
DOCTOR'S FULL CON	LACT DETAILS				
Name					
Address (include post	code)	Surgery	Title:		
, ,	ŕ				
Telephone number					
N.I. number					
MEDICAL INFORMATION	N				
Special dietary require	ments (if any)				
Do you suffer from allergies?		Asthma	a	Yes / No	
Please delete as appropriate		Hay fev	/er	Yes / No	
		Diabete	es	Yes / No	
		Epileps	sy	Yes / No	
		Nut All	ergy	Yes / No	

Any other allergies? (e.g. penicillin, anesthetic). If Yes, please list.	Yes (explain) / No				
Any other health issues? please specify					
Have you had "COVID 19" or been in contact with anyone who has in the last 2 weeks? please specify					
Will you have any required medication with you during the tour?	Yes If yes, what	<u> </u> :?	No		
When did you last have a tetanus injection?					
Do you have a current European Health Insurance Card (EHIC)?					
Do you have a current valid passport with more than 6 months after the planned date of return from the tour? (If travelling abroad)					
You must inform the Tour Leader of any change to your personal / health circumstances before the tour?					
Note: If the tour is travelling to anothe the above in place and may be require requirements for that Country, in advavisiting.	d to have an	y additional v	visa / vaccina	ation	
Singed	Date _				
Print name	Role _				
Information checked: Yes / No					
Print name			Date		

Office use only:

Club Note: Consider any additional insurance requirements if medical issues are identified. Ensure you understand and share information regarding visa and vaccination requirements Personal/confidential information requires secure storage in line with the Data Protection Act

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YOUTH TRIP. TOUR OR RESIDENTIAL

NOTIFICATION TO PARENTS

Date:
Dear Parent/ Guardian,
I am pleased to inform you that your son (Name of Child) is being considered for the forthcoming Academy trip / tournament as part of his football development. The tour is currently in the early planning stages and the summary details are:-
Proposed Event: (Age range of Tour Group e.g. U16s) .
To: (Name of Venue and Country include web address if known)
Departure date:
Return date:
(If you know your planned type of travel then include this here e.g. we intend to travel by air / train / coach)
At this point we are trying to establish how many players wish to be involved and are seeking parental consent to ensure that the numbers will be sufficient to enable the tour to go ahead.
If you wish your child to be considered for selection for the tour, please complete, sign and return the attached consent form, together with Academy Player's Personal Details form to the (<i>Tour Manager or name and contact details of who to return to</i>), by (dd/mm/yy <i>date</i>).
Please be aware that a number of players are being considered at this point. However, if we do not receive the consent form from you, then your child cannot be considered. Once your child's place on the tour is confirmed we will keep you informed of further details as the tour approaches.
I look forward to receiving the information from you.
Yours sincerely
Sign
Print Name
A = -1====

17

Academy

YOUTH TRIP, TOUR OR RESIDENTIAL

CONSENT FORM - PARENTS / CARERS

Date:
U : (Age group)
Dear Academy Manager/Tour Manager,
I consent to my child (name in full)
I consent to the Academy contacting the Head Teacher for permission for my child to be released from school for the duration of the tour.
I do not consent to the Academy contacting the Head Teacher for permission for my child to be released from school for the duration of the tour.
N.B One of these boxes MUST be ticked
Once details of the tour are confirmed, I agree to take my child to the agreed drop off point and collect them from the return point at the times and dates to be specified by the Club.
Once the ground rules for the tour have been established, I agree to discuss the importance of appropriate behavior, and health and safety with my child prior to the tour.
 I state that my child is in good health and that they are not participating contrary to medical advice. However, I understand that I must advise the Tour Manager of any changes in his/her health at least one week before the departure date.
 In the unlikely event of an accident occurring, I give my permission for a designated representative on the Academy Tour to authorise emergency medical treatment, including the use of anesthetic if deemed necessary.
I confirm I am the parent/ carer of (full name of child)
Relationship to child?
SignaturePrint Name
Home Address
SchoolDate
To be sent to the Academy Manager at the Club: Postal address: Email address:

YOUTH TRIP, TOUR OR RESIDENTIAL

ACADEMY PLAYER - PERSONAL DETAILS

In order that your child may participate in the Trip / Tour / Tournament or Festival planned by the Academy, it is essential that you complete and return this form to the Tour Leader / Academy Manager, supplying all relevant information.

Tour:	Age	U:	Date:		Season:
Full name					
Date of birth					
Home address (in full)					
	Post Code:				
Home tel. number					
Child's Mobile number	This number will only b	e used in	n case of e	emergency and in-line	with the Club communications policy.
School year					
Name of School and address					
	Post Code				
MEDICAL					
Special dietary requirement	ents				
Does your child suffer fro	om allergies?	Asth		Yes / No	
Delete as appropriate			fever	Yes / No	
(MUST be completed)		Diab	etes	Yes / No	
		Epile	epsy	Yes / No	
		Nut		Yes / No	
Any other allergies – plea	se specify	Yes	/ No		
(e.g penicillin, anesthet	ic)				
Is your child likely to be h	nome-sick?	Com	nment		
Will your child have any r	nedication with	Yes			No
him during the tour?			s, wha	 ?	
		,e	o, m iia	••	

When did your child last have a tetanus injection?						
Can your child swim? (Ple		Yes		No		
comments on the swimmin your child) e.g. weak/stron		If you do not wish your child to participate in water activities, please state here.				
Does your child have a current European Health Insurance Card (EHIC)?		Yes / No				
Does your child have a current valid passport with more than 6 months after the planned date of return from the tour?		Yes / No (If the Tour is abroad)				
It is vital that you inform th Leader of any change to th your child or personal circ before the tour?	e health of	Changes in c	rcumstances			
DOCTOR'S FULL CONTAC	T DETAILS					
Name						
Address (including post code)		Surgery Titl				
Telephone number		Post code:				
Child's N.I. number						
PARENT /CARER						
Name of parent/guardian						
Relationship to child						
FIRST	Full Name		Tel. number			
Emergency contact			(day)			
details:			Tel. number			
Relationship to child	Relationship t	to child	(night)			
Child			Mobile no.			
SECOND	Full Name		Tel. number			
Emergency contact			(day)			
details:			Tel. number			
Relationship to child	Relationship t	to child	(night)			
Gilla			Mobile no.			
N.B: It is essential, that i			cy, we are able duration of the		e of the two	

Next of Kin	Full Name	Tel. number	
		(day)	
		Tel. number	
		(night)	
		Mobile no.	
Relationship to child			
	ther relevant details that ne needs of your child wh		demy staff should be aware
Signature	Re	elationship to chi	ild
(parent/ legal guardiar))		
Name in full			
Date		U	(age group)
Office use only:			
Club Note: Consider a	any additional insurance rec	quirements if medi	cal issues are identified.
*Personal/confidential infor	mation requires secure storage	in line with the Data F	Protection Act

Appendix 9 Add logo

YOUTH TRIP, TOUR OR RESIDENTIAL

SCHOOL CONSENT REQUEST LETTER

(This form must be reproduced on the Football Club's letter headed paper)

Date:	
Dear (Head Teacher),	School Name:
Reference:(Football)Academy To	r – Request for permission for absence from school.
Name of Academy Player	Age group of team () e.g. U16s
The (NAME OF CLUB) Academy is The planned destination and dates a	arranging to participate in a football tour this season. e outlined below:
To (Name of Venue and Country in	lude web address if known)
Departure day and date:	
Return day and date:	
We always try to run our tours in during term time. We have contact the Academy to approach you at the is selected for the tour party. I am school during these dates. If you feel that there are school as Academy will make every effort, with is completed satisfactorily, if he is selected for the tour, his queries regarding the tour or the part of the selected for the select	school holidays but on this occasion, some dates are ed his parents/guardian who have provided consent for school to seek permission for him to be released, <i>if</i> he herefore writing to ask you if he may be released from signments that he would miss but must complete, the he support of our Head of Education, to ensure any work
	ete the enclosed letter and return by (date)
	to the children and retain by (date)
Yours sincerely	
Academy Manager	
FYI: Tour Manager	el:Mobile:email address
FL Toolkit Trips, Tours, Tourname	nts & Residentials – School Consent Request Letter Form

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Ver.3 Season 2017-

YOUTH TRIP, TOUR OR RESIDENTIAL

SCHOOL CONSENT RESPONSE LETTER

This standard letter is to be sent to school and should be enclosed with the letter (T4) which seeks consent from the school for term-time absence. Please complete details where possible, e.g. Name of school, player's name, tour venue and dates.

From: Name & Address of School
Date: Season:
Dear Academy Manager, Tour Manager
Re: Academy Tour – Request for permission for absence from school for
(Name of player)Age group U ()
Thank you for your letter of (date)regarding the Academy Tour outlined
below: To (Name of Venue and County include web address if known)
Departure day and date:
Return day and date:
I can confirm I have:
1.Spoken with (name) parents / carers and recognise they have provided consent
Yes / No
2. After consideration I can confirm that on this occasion the school
: - Will permit the student to be absent for the dates outlined.
- Will NOT permit the student to be absent for the dates outlined.
I understand that the Club try to run tours during school holidays and would request that whenever possible the Academy continues to support the school programme in this way.
The student may have some school assignments to work on during the tour and I would be grateful if your Head of Education would contact (Name of School Contact and role at school on telephone number: to discuss the school requirements.
The student will not have any schoolwork to complete during the tour.
Thank you for informing the school of the Academy's intentions. Yours sincerely,

Appendix 11 Safeguarding and H & S – Dynamic Risk Assessment

Indoor and Outdoor Activities or Travel Safeguarding and H & S Assessment Form.

TO BE COMPLETED BY COACH OR RESPONSIBLE PERSON PRIOR TO EACH SESSION OR ACTIVITY/TOUR

Venue Name and Project / Course	Club member of staff or Coach in charge of the session/activity or tour	Signature	Dates	Start time	End time

Tick the appropriate session box if the safeguarding risks are suitably low enough to allow the session/activity to continue. If a hazard is present which presents a serious and immediate health and safety risk, place a X in the box and complete the 'additional risk controls' section at the end of the form. If a question is not applicable, write N/A in the box.

If suitable control measures cannot be identified or introduced, then the session/activity must be postponed or relocated.

Pre-Planning prior to risk assessment visit	Yes/No/NA	Comments
Has the venue been contacted prior to the risk assessment visit		
and supplied the following documents - Safeguarding policy and		
or Safeguarding risk assessment?		
Have you considered the locality of the venue for ease of		
access?		
Have you established what accommodation is available?		
Travel		
Have you worked out your route?		
Has the travel company been contacted prior to visit for		
the following documents:		
Safeguarding policy		
Public liability		
Insurance		
Has <u>www.gov.uk</u> been referred to for any safety guidance		
around the country being visited?		
Have any journey stops or breaks been planned?		
What are the arrangements for use of toilet facilities during		
travel?		
What arrangements will be in place for suitable meal and		
water provision?		
Is there appropriate provision for first aid and first aid kits?		
Is there an emergency plan in place for use in the case of		
an emergency situation including breakdown or		
emergency situation.		

Hotel/venue checks	
First impressions -was the venue welcoming?	
clean?	
How easy would it be to unload a coach? Safe for players?	
What security is in place and provided by venue?	
Bedroom(s) should be subject to pre- use checks as detailed –	
Ground floor accommodation utilised if possible	
Rooms should be single or if double twin beds and on	
the same floor	
Are shower/toilet facilities suitable?	
Staff have own accommodation on same floor as	
players	
No balcony in unavoidable can they be locked before	
arrival	
Opening windows can be locked in an open position if	
required for ventilation but not access/egress	
Electrical sockets visually intact	
Any minibar not stocked	
Do you know what the venue emergency arrangements	
are?	
Can the venue meet the dietary needs of the players?	
Where will the players eat?	
Own dining room?	
Own menu?	
Times?	
Additional	
Any other specific to the venue i.e. use of swimming pool or	
evening activities etc.	
Any venue staff working with players will need to provide DBS	
certificates	
How safe is the site at night?	
What down time provision is there?	
Additional Risk Control Measures / Observations	Use the box below to record any further notes

Trips Tours Tournaments

Risk Assessment











The Risk Assessment is intended to offer guidance when teams are considering Safeguarding or any visit or activity involving young or vulnerable persons. Please use it as a template guide and amend as appropriate to ensure it is suitable and reflective of the activity being undertaken and the controls being implemented. It should be used in conjunction with the Safeguarding Dynamic Risk Assessment.

Procedures

A pre visit should be undertaken prior to the risk assessment being completed if this is a new venue (See dynamic risk assessment sheet appendix 11)

- The Risk Assessment should be completed by The Tour Manager and the Safeguarding lead.
- On completion it should be given to the Academy Manager to be signed off.
- All appropriate information should be shared with accompanying staff.
- On completion of the visit the risk assessment should be re visited and any amendments be added as a separate document
- The finished risk assessment should be kept on file for a minimum of 3 years by the Academy administrator.

	Outcome		Likelihood		
	Fatal	5	Probable	4	Risk Rating
	Major Injury	4	Possible	3	1 - 6 = LOW
	3 day + Injury	3	Unlikely	2	7 - 11 = MEDIUM
	Minor Injury	2	Remote	1	12 - 20 = HIGH
ĺ	No Injury	1			·

Please note that where a risk is high it could result in the proposed visit being cancelled.

Outline activity		Tour Manager Safeguarding officer:		Checked; Approved/ Not approved	Score these boxes using calculator on first page			
Date(s)		Staff:		Signed (A.Manager) Date				
Activity	What is the hazard?	How will harm arise from the activity?	Who might be harmed?	Detail existing controls to prevent harm	Outcome (worst case)	Likelihood (how likely to occur?)	Risk Rating (outcome x likelihood = RR)	
Pre Tour / visit preparations	Parents and players unsure of arrangements and expectations. Visa and passport requirements Consider any language difficulties	Itinerary not received Information not sent to parents in advance Consent forms not received Briefing session not delivered Players and parents not arriving at pick up points on time.	Club staff, parents and players.	Itinerary received DATE Information letter sent to parents with consent forms on DATE Completed consent forms all returned including medical, images, video and TV consent. DATE Pre tour final briefing delivered by NAME when DATE Clear instructions given to parents/players regarding meeting times, consequences of late arrival. DATE				
Travel to/from airport or venue	Transport arrangements to / from airport	Coach/minibus transport Sufficient supervisors? Is driver eligible to drive the vehicle Drivers using mobile phones Transport suitably road worthy and insured Parents not available on return to collect players	Club staff, players and contractors	Driver plus NOS adults in attendance Drivers licenses checked to ensure appropriate for vehicle driving DATE Drivers required not to use mobile phones whist driving Vehicle in road worthy condition and meets legal requirements. DATE CHECKED Correct insurance documentation received from the company All players/staff advised to wear seat belts. Adult supervision on journey (1:;5) All emergency contact details kept by tour manager and contact made with family to arrange collection.				
Flights	Flight	Travel insurance not in place Flights not planned or booked Flights delayed or cancelled Passports not checked prior to trip Players not briefed on customs requirements	Club staff, players contractors, members of the public.	Group travel insurance checked DATE E111 cards held by all players OR Club medical insurance in place. Flight booking details Provision for unexpected delays in place Cancellation plans made and communicated with parents DATE .Passports checked (have 6 mths available				

		<u> </u>				
				after return date) DATE CHECKED		
				Players briefed on customs requirements.		
Staff supervision	Not enough staff supervision identified Staff not DBS checked Staff not briefed or understand their responsibilities Night duty staff not identified.	Club not following FA guidelines on overseas ratio. All staff attending do not have a current enhanced DBS check Roles and responsibilities not communicated to staff	Club staff, players.	Ratio identified (1:10) Club staff supervising all with enhanced in date DBS check. Tour leader identified NAME Safeguarding officer in attendance NAME A staff briefing has been held DATE Roles and responsibilities identified and allocated		
Hotel /over- night stay	Players/apprentices 16- 18 Yrs. Young players under 16 Yrs. Public access to hotel Which floor rooms on Access to balconies Sleeping arrangements Open windows Access to mini bar or alcohol	Room allocation not checked to ensure supervisors on same floor as players. Ground rules and code of conduct not communicated in advance Equipment TV/Minibar open access Public access to any floors/rooms Emergency procedures not checked/unsatisfactory Hotel rooms not suitable / checked	Club staff, players, members of the public.	Club checked room allocation and venue prior to trip ATTACH DYNAMIC RISK ASSESSMENT All rooms to be on the same floor All beds are single (no sharing of beds) Adults have own room Attention drawn to evacuation and points of assembly. Practice drill on arrival All windows have restrictors on them Balconies should not be accessible (preference without) Mini bars and TV channels restricted by the venue prior to arrival Code of conduct drawn up prior to arrival		
Additional leisure activities	Swimming Being alone Cycling etc	Down time where injury /accident / abuse / abduction could occur.	Club staff, players members of the public.	Itinerary of activities/down time identified. Individual risk assessments carried out in advance. ATTACH		
Throughout the tour	Slips Trips Falls	Injury Verbal abuse Physical abuse	Club staff, players.	Advice given to all players All incidents reported to staff and logged. Players to be briefed on personal safety		
Safeguarding players during changing periods	Unexpected / unsupervised access to changing rooms before and after matches	Child welfare in danger	Players.	Changing areas to have restricted access. No mobile phones or cameras permitted No staff allowed in changing rooms Coaches in attendance Follow Club policy for changing rooms.		
Dietary requirements	Risk of food provided not being appropriate to professional players	Lack of consultation Food allergies or other dietary requirements not	Club staff and players.	Consent forms received in advance identifying all allergies / requirements DATE		

	Risk of allergic reaction Mealtimes do not suit travel/ player needs	identified Religious or personal dietary requirements not identified on consent forms Not checking meal planning / times / arrangements with hotel		Parents spoken to on individual basis by Safeguarding officer if specific requirements Players asked about own dietary needs Check in advance of travel that times are appropriate		
Medical emergency	Vaccinations missed Pre-trip medication First Aid Medical needs of player Other conditions	Vaccinations not fully researched and at early date Not fully equipped first aid box No first aider No emergency evacuation provision	Club staff, players.	Check if vaccinations required Ensure first aid kit is fully stocked Ensure a qualified first aider is in the tour party NAME Known medical conditions identified Appropriate medication and use of identified Additional medical staff NAME Physio NAME Emergency services contact details available to tour leader Crisis management provision identified Contact details hospital / doctor known		
Downtime	No staff around Players misbehaving Minor incident / accident No relaxation	No identified duty staff Players misbehaving or causing harm Serious accident / injury No time identified for players / staff to relax	Club staff, players members of the public,	Identified duty staff on a rota basis Code of conduct for players and clear expectations explained in pre tour meeting All minor incidents/accidents dealt with by duty staff and recorded and reported to tour leader Schedule in down time for staff and players.		
Additional						

13 (THIS FORM TO BE PRINTED ON YELLOW CARD AND TO BE TAKEN ON TOUR)

YOUTH TRIP, TOUR OR RESIDENTIAL

Emergency Procedures

KEEP YOURSELF SAFE

1. FIRST STEPS - CARE OF THE GROUP

- Ensure you are safe from danger and ensure the group are safe from further danger
- Arrange search, rescue, medical care or hospitalisation of casualties as necessary

2. NEXT STEPS

- · What happened?
- To whom? (names, age, gender, details of injuries as you know them, any other personal information e.g. medical needs or allergies)
- Where?
- When? (how long ago)
- What has happened since? (what action has been taken?)
- Who witnessed it? (If there are witnesses ask them to provide their names and addresses and telephone number if possible)

3. TELLING PEOPLE ABOUT THE INCIDENT

As soon as possible

- Inform the Home Contact Person or, if not available, the Club Secretary or the Academy office
- (For Tours outside the United Kingdom) notify the British Embassy or Consulate if serious incident)
 Whoever you contact will need to know the information outlined in 2 above
- What happened?
- To whom?
- Where?
- When?
- What has happened since? Details of any witnesses
- A mobile/telephone number where you can be contacted

4. DO as soon as practicable:

- Write an account of the incident/accident
- Manage and monitor the use / misuse of mobile phones by players, staff and volunteers
- Record the details in the Academy Accident / Incident/ Near Miss Book
- Keep a written record on file and for future reference
- Manage communications with players, ensure a member of staff is appointed to monitor their communications

5. DO NOT

- Speak to the press or media. Refer them to the Club Communications / Media Team / Person
- Admit any liability
- Allow anyone to talk to any Academy Players involved in the incident without a member of staff being present

6. REMEMBER

- Nobody, unless they have an official capacity (e.g. the police), has a right to question anyone
 who does not want to speak to them
- If anyone tries to force a confrontation, or you feel threatened, try to stay calm and call the police
- Try your best to be compassionate with everyone involved

(REVERSE OF YELLOW CARD) ENTER FULL ADDRESS OF CLUB

Name of TourDate(s)Season
Event Organising Agency contact person f	or Tour (if applicable) Tel
	Great Britain Tel
	Contact details
-	Date of Departure
_	Role at Club Mobile
	Club SSO Mobile
Home Contact	
Full Name	
Role at Club	
Home Address	
Phone No 1 (day)	Mobile
Phone No 2 (night)	
Email address	
Club Academy Office	
Full Name of Academy Manager	
Address	
Phone No 1 (day)	Mobile
Phone No 2 (night)	Fax:
Email address	
Club Secretary	
Address	
Phone No 1 (day)	Mobile
Phone No 2 (night)	Fax:
Email address	
Local Emergency Contact Details	
Medical Facility	Tel
Local Police	Tel
British Embassy or Consulate Details	
Name / Contact	Tel: (international code)
Email address	

YOUTH TRIP. TOUR OR RESIDENTIAL

LIST OF STAFF AND PLAYERS ON TOUR

Please indicate the nature of the	group (e.g Academy U16s Tour	/Trust Residential Trip)
Title of Tour	Dates:	Age

Event Organiser (if any)	Role with your Group		Mobile No. for rip
1		Tour Liaison Officer - Abro	oad	
2		Tour Liaison Officer – UK		
3		Home Base Contact		
4		Club DSO		
5		British Consulate		
Staff/volunteer Name		Role on Residential e.g. p	hysio	Mobile no. on Trip
1		Tour Leader		
2		Tour DSO		
3				
4				
5				
6				
Childs Name	M/F	Special Medical Issues	Age	Childs Mobile no.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

YOUTH TRIP, TOUR OR RESIDENTIAL

NEAR MISS or DANGEROUS OCCURRENCE

This form is to be used by anyone to report incidents which do not involve personal injury or damage but that may have done so if left unchecked or have been left to develop further.

When completed, this form must be countersigned by the Tour Manager who will include a review of the circumstances in the evaluation of the Tour. **The Academy Manager** may then review any relevant policy in light of any learning from this report.

A. WHAT IS BEING REPORTED?

'Near Miss' - incident involving no injuries or damage?	Fire?	Damage to equipment or premises?
Dangerous Occurrence?		

B. DETAILS OF PERSON MAKING REPORT

Staff /Volunteers – This form is specifically designed for use on Youth Tour, Tournaments and Residentials.

Participants, young people / staff or volunteers-Report the incident to the Tour Leader who is the main

contact. The person reporting should complete this form, have it countersigned by the Tour Leader and include the complete details in Section C. (Assistance may be provided, if require, when completing the form)

Name of Tour:	
Tour Venue	
Age group on Tour:	
Your full name:	
Role:	
Job Title:	
Activity Involved:	
Tel/mobile No:	
Email:	
Names of all young people involved	1. 4. 2. 5. 3. 6.

C. INCIDENT DETAILS

Date of incident:	Time: (24hr clock)		
Location:		Room No:	
Potential incident / injury if left unchecked:			
Group Leader			

DESCRIPTION OF INCIDENT
Give full details of what happened including the nature and extent of any damage which may have occurred. If the incident involved a fall from height, state the approximate distance. Include name and full contact details of those involved or of witnesses to the incident.

ACTION TAKEN FOLLOWING INCIDENT

If police, statutory or external agencies involved include full name, collar number, and the base they work from in this section. This section needs to be accurate and explicit Ensure you include: dates, full <i>names and roles</i> .
Ensure you include: dates, full <i>names and roles.</i>

D. RESPONSIBLE PERSON: This form must be completed by the person reporting the 'Near Miss' and countersigned by the Tour Leader.

Completed by: (Print full name)		Role:
Signature:		Date & Time:
Mobile:		
Countersigned – (signature) :		Date & Time
Tour Leader: Print Name in full Mobile:		Job Title:
Summary of Action taken by	Tour Leader:	

Data Protection Act 1998 – the information on this form may be used for the purposes of investigation and /or securing or improving the health, safety and welfare of people at work and on Youth Tours, Tournaments and Residentials. It will be held by the Academy Manager and may be provided to EFL Regional Manager(s) for the same purposes. Any queries about data protection issues should be addressed to The Regional Manager.

Office use only:	This document has been read and
Retain this form for minimum	evaluated by the Academy Manager
of three seasons with the Tour File.	Date: Signed
	Academy Manager

Forward a copy any near miss report to Alex Richards, EFL Safeguarding Manager arichards@efl.com

Appendix 16 YOUTH TRIP, TOUR OR RESIDENTIAL

TOUR DEBRIEF REPORT FOR THE SENIOR MANAGER

NAME OF CLUBSeason
TOUR DETAILS
Name of Tour
Venue where tour took place
Age group of tour party U () Number of players attended Number of staff/volunteers
Travel dates: Departure: Return
TRAVEL
Method of Travel
Time of leaving home base
Arrival time at accommodation
Time of leaving accommodation for return journey
Arrival time at home base
Total no. of days on Tour () Did the tour involve release from school? Y/N How many days ()
ACCOMMODATION
Type of accommodation
Did meal times suit the programme? Yes No
If no, did you have the ability to re-arrange meal times? Yes No
Rate food 1 – 5 (5 being excellent) (?) Comments
STAFF
Name of Tour Leader
Position held at Football Club.
Players who participated (attach a Form T6a list of players and staff)
Names of any other accompanying persons (e.g. parents, not supervising attending)
Any specific issues with players or staff? Y/N. Were these addressed during the tour? Y/N
(Address issues marked Private & Confidential and FAO Academy Manager only)

FACILITIES					
What were the quality of the pitch(es)? Poor Adequate Reasonable Good Excellent					
What was the standard of the changing room facilities? Poor Adequate Reasonable Good Excellent					
Were there provisions for Kit storage? Yes No - (Please comment in summary)					
Was there any security (including personal property storage) Yes No - (Please comment in summary)					
Was there adequate medical provisions? Yes No - (Please comment in summary)					
Was there a separate room to provide medical and physio treatment? Yes No GAMES / MATCHES					
Number of matches / Tournaments played: () List dates matches played: 1					
5					
Were the arrangement and planning of games: (please comment in the summary?) Poor Adequate Reasonable Good Excellent					
What were the arrangements made for training, planning, briefing and debriefing?					
. What was the standard of the referees? OR for residential specialist staff e.g. rock climbing etc.?					
Poor Adequate Reasonable Good Excellent					

Was an activity programme produced in advance	ce? Yes	No	
Was there an English speaking person present?	?		
Was a translator available (if applicable)	Yes	No	
GERNAL INFORMATION			
How would you rate the overall Tour?			
Poor Adequate Reasonable	Good	Excellent	
What was the overall cost of the Tour? £	What does t	his equate to per player	£
Did you feel this was value for money?	Yes	No	
Would you participate in this Tour again?	Yes	No	
If not, why?			
OTHER ACITIVITIES			
Did you participate in any other activities whilst	on the Football Tou	r? Yes	No
If yes, give a brief summary of the activities. If y not participate in again please reference them.	you feel any of thes	e were high risk and you	 would

DETAILS OF ANY ACCIDENTS OR 'NEAR-MISS' INCIDENTS		
PLEASE PROVIDE A BRIEF SUMMARY OF THE TOUR AND ANY OTHER RELEVANT DETAILS		
What did you consider the overall outcome of the		
tour/residential? Please provide a very brief (about 15 words)		
outcome.		
outcome.		
Outcome:		
Signed Tour Leader Name in Print:		
Signed Academy/Trust Manager Name		
Academy Manager/Trust Manager		
Date signed off Season		