**Appendix 5**

**Form OE/01**

**FORM OE/01**

The Council requires that a copy of this Form OE/01 be completed on each occasion when notifiable activities or a programme of activities are planned. Completed forms must be signed by the Head of

Establishment and submitted to the Council **at least 6 weeks prior to the activity.**

**Overall responsibility for the conduct of the activity or activities remains with the Head of Establishment. A set of guidance notes accompanies this form detailing those activities which are notifiable and other procedures and protocols which must be followed during the planning and delivery of such activities.** Please note that any foreign excursions involving adventurous activities should also be notified using this form.

**Non-notifiable activities**

Where Heads of establishments need clarification related to activities and notification they should contact the officer with responsibility for adventurous activities.

**SECTION 1. - ESTABLISHMENT AND RESPONSIBLE PERSON’S DETAILS**

**Establishment Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | Post code: | |  |
| Tel: |  | Fax: |  | |
| e-mail: |  | | | |

Address:

**Head of Establishment** (Person responsible for **authorising** the activity or event).

Name:

Email Address

**Event Organiser**

Name:

(Person responsible for **planning** and **organising** the activity).

Designation: Email Address

(A staff member or other responsible adult who is not attending the event and who will be contactable throughout the event).

**Base Contact**

Name: Designation: Address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | | | | | |
| **Work** | | | **Home ( out of hours contact )** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| Post Code | |  | Post Code | |  |
| Tel |  | | Tel |  | |

**SECTION 2. - BRIEF STATEMENT ABOUT THE ACTIVITY/ACTIVITIES**

Brief general statement about the nature, duration and venue of the planned programme/s.

2.1. How many participants will there be in the activity/event. (your group only)

2.2. What is the age group of the participants

2.3 What are the inclusive dates for the activity/event

**SECTION 3. - FOR OVERNIGHT RESIDENTIAL STAYS ONLY**

**Please supply details of the accommodation base**

Name of establishment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| Email: | | Post Code | |  |
| Tel |  | Fax |  | |

Type: (e.g. centre, hotel, hostel) Address

**SECTION 4. – DETAILED STATEMENT ABOUT THE ACTIVITY / ACTIVITIES**

List **ALL activities** (whether notifiable or not) and any alternative programme/s to be included in the planned itinerary.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Level of activity** | **Expected venue** |
| e.g. Kayaking | up to 2 star level on sheltered water | Loch Morlich |

**Alternative Programme**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Level of activity** | **Expected venue** |
|  |  |  |

**SECTION 5. - PREPARATORY TRAINING**

Indicate the level of ability, experience or training which participants must have before they are permitted to take part in the activity or activities. If no experience or training is required tick the bottom right box in the table immediately below.

|  |  |  |
| --- | --- | --- |
| **Activity** | **Ability / Experience / Training**  (e.g. – Ability to swim. / Proficient skier / Map reading) | |
|  |  | |
| **No experience or training is required for the activity/activities**  **identified in 4 above** | |  |