

GEOGRAPHY DEPARTMENT FIELDWORK

AFON LLWYD RIVER AT PONTYPOOL

WEDNESDAY 21st JUNE, 2017 (Option 3 geographers)

As part of the GCSE examination each student will need to complete two fieldtrip days

1. A physical geography investigation in the summer of year 10.
2. A human geography investigation in October of year 11.

The work produced from the fieldtrip days will be used to write a report in November/December of this year and it will provide a major contribution to the GCSE Geography grade, counting for 20% of the final mark. This can make the difference between passing and failing, and gaining a good grade or a very ordinary grade. It is vital that all students have an organised approach, and their teacher will make suggestions that will help them with this.

The department is running a fieldwork day, to Pontypool on Wednesday, 21st June. The group will leave school at approximately 9am and will travel on foot to the river. We will return to school by 3pm at the latest.

It is important that every pupil follows the instructions given in lessons and tries as much as possible to bring the items that follow:

- waterproof coat;**
- waterproof trousers;**
- wellington boots;**
- warm, sensible clothing** (check the weather forecast);
- suncream** (again, check the weather forecast);
- packed lunch;**
- pencils** (not pens, work may get wet and ink will smudge, pencils won't);
- camera** (a disposable, in case of accidents, **can use mobile phone but at their own risk**).

Please complete and return the attached consent form to myself as soon as possible.

If you require further information, please do not hesitate to contact me at the school, either on the school phone number, 01495 765800 or on my school email address;

gedpatterson@stalbans.schoolsdu.org.uk

Yours sincerely

Mr G Patterson, Head of Geography



Parent/Carer Consent Non-routine visits

(to be distributed with an information letter giving full details of the visit)

Visit/activity: Y10 Geography fieldwork for non-examination assessment

Venue: Afon Llwyd, Pontypool Date(s): Wednesday, 21st June

Your child's name: _____ Form/Class (if relevant) 10

Medical and dietary:

a) Does your child have any medical, physical or behavioural condition that may affect him/her during the visit? **YES/NO**

If YES, please give details (including medication taken and times):

b) Please give details of any allergies (including allergy to medication):

c) Please list any types of non-prescription medication or lotions your child may not be given:

d) Please give details of any special dietary requirements for your child:

e) Please detail any recent illness or accident suffered by your child that staff should be aware of

f) To the best of your knowledge, has your child been in contact with any contagious or infectious disease or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**

If yes, please give brief details: _____

h) When did your child last have a tetanus injection? _____

i) Please indicate your child's swimming ability:

Cannot swim Able to swim a little in a swimming pool

Able to swim confidently in a swimming pool

Able to swim confidently outdoors (eg in a lake, river or sea)

Your contact details:

Telephone Home: Work: Mobile:

Home address:

Alternative emergency contact:

Name: Telephone:

Address:

Family doctor:

Name: Telephone:

Address:

Declaration:

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/ herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.
- In an emergency I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that the school/establishment may use activity images for promotional or publicity purposes.
- The LA provides a 'personal accident and travel insurance' policy for all pupils whilst participating in organised visits.

Full name of parent/carer (PLEASE PRINT):

Signed: **Date:**

TO BE COMPLETED BY PARTICIPANT:

I understand that for the safety of the group and myself I will obey the rules and instructions of members of staff.

Signed: **Date:**