

GEOGRAPHY DEPARTMENT FIELDWORK

CARDIFF CITY CENTRE

TUESDAY 20th OCTOBER, 2015

As part of the GCSE Geography examination each student will need to complete two controlled assessments.

1. A fieldwork investigation which contributes 10% towards the overall grade.
2. A research enquiry which contributes 15% towards the overall grade (should now be completed).

The work will provide a major contribution to the pupils GCSE grade, counting for 25% 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 they have an organised approach, and their teacher will make suggestions that will help them with this. Both controlled assessments have to be completed in lesson time and they will be attempted and finished before the end of the Autumn Term.

The department is running a fieldwork day, to Cardiff City Centre, on Tuesday, October 20th, to help with the completion of the fieldwork controlled assessment. The group will leave school at approximately 9am and will travel to Cardiff. The coach will return to school at approximately 3pm.

It is important that every pupil follows the guidelines below, please check the weather forecast the evening before:

waterproof coat;

warm, sensible clothing;

packed lunch (or money because we will be in Cardiff for lunch);

pencils;

camera/mobile phone (we suggest a disposable, in case of accidents/loss).

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

May I also take the opportunity to ask for a contribution of £6 to cover the cost of the coach, which will now need to be paid through parentpay.

Our preferred method of payment is via PARENTPAY which is safe, secure and simple. PARENTPAY holds an electronic record of your payments to view at a later date. No card details are stored in any part of the system. You can also make online payments for school meals. Please visit www.parentpay.com enter your USERNAME and PASSWORD. Please contact the school office if you have any problems.

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

FORM 2

Visit/activity: Geography GCSE Controlled Assessment

Venue: Cardiff City Centre

Date(s): Tue, 20th Oct, 2015

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

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.
- I understand the extent and limitations of the insurance cover provided.

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 undertake to obey the rules and instructions of members of staff.

Signed: _____ **Date:** _____