**NOTIFICATION OF tour within england**

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| Club: |  |
| Address: |  |
| Organiser: |  | Contact Number: |  |
| Email address: |  |

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| **TOUR DETAILS** |
| Age Grades involved (If Junior identify Male or Female |  |
| Purpose of Tour: |  |
| Date of Tour: | From |  | To |  |
| Event/Match Timings: | Start |  | End |  |
| Notes: |  |

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| **VENUE DETAILS** |
| Tour Location |  |
| Address: |  |
| Contact Number: |  |

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| **HEALTH & SAFETY** |
| Please confirm that a risk assessment will be carried out: | Y/N |
| Please confirm that you have sufficient Supervising Adults carrying DBS clearances – Provide list of names and DBS expiry dates as attachment | Y/N |
| Please confirm that there will be appropriate First Aid cover: | Y/N |

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| **DECLARATION AND APPROVAL** |
| Organiser Signature: |  | Date: |  |
| Approved by CB Governance Committee: |
| Approval Signature: |  | Date: |  |
| Name: |  | Position: |  |