

### EV3

## Approval of a member of staff to lead an adventurous activity

Please refer to Section Z before completing.

Please FAX this form to 0870 8896794

Please enter fax no. ....

Establishment	
Name of activity leader	
Proposed activity	
Details of intended venture/s -venues, dates, numbers, etc	

#### Qualifications in the activity specified:

Personal proficiency	
Teaching/coaching awards	

Are these awards still valid? YES / NO

#### Experience in the activity specified:

Personal	
Teaching / leading	
Do you have recent relevant experience in the activity? YES / NO	

Signature of applicant.....

Date .....

#### FOR LA USE ONLY

The stated competence DOES / DOES NOT match current good practice for the leadership of the activity/ies specified.

**APPROVAL GRANTED / NOT GRANTED**..... signed ..... date  
*for London Borough of Barnet*

SUBJECT TO THE FOLLOWING CONDITIONS:

- 1) Adherence to LA Requirements
- 2) Adherence to National Governing Body guidelines (where these exist)
- 3) The above named must operate within the remit of his/her qualifications/experience at all times

Copy to applicant

Copy to EVC/Headteacher