



## Community Services: Education

Argyll House  
Alexandra Parade  
Dunoon PA23 8AJ

To: Heads of all Educational Establishments

Dear Colleague

### **Insurance for participants, teachers and other adults taking part in educational excursions and activities**

Please find enclosed a copy of revised education management circular 3.14. The main amendment to the circular refers to insurance for school journeys. Please ensure that all staff who may be involved in organising school journeys are made aware of the content of the education management circular.

A copy of the travel proposal form is attached as appendix 1.

### **Public liability and employers' liability insurance**

- 1 The Council is covered by its public liability and employers' liability policies against claims resulting from fault of the Council or negligence on the part of one of its employees, full-time or part-time, and accordingly all activities officially approved by school, outdoor centre, youth club etc are covered. All activities are officially approved when they are approved by the head of the establishment or else by the person who has been delegated responsibility for the care of those involved.

Pupils, whilst on work experience schemes and placed within any department of the Council, will be deemed to be employees of the Council and covered by the public liability and employers' liability policies. The majority of pupils will normally be placed in private businesses and therefore agreement must be obtained by the employers that the firm's public and employers' liability insurances will be extended to cover the pupils for the period of work experience. All insurance companies who are parties to the Accident Offices Association should provide automatic indemnity to firms employing pupils on work experience schemes.

It is important, however, for schools to ensure that employing firms are prepared to accept pupils on this basis and they should be requested to advise their insurers

accordingly. The agreement of the employer should be obtained on a biennial basis by means of a letter and a copy held at the school. The activity must not proceed until the signed letter has been received.

## 2 **Personal accident insurance**

There are 2 separate authority policies covering personal accident insurance as follows.

- (a) Group personal accident policy - applicable to staff only.
- (b) School journey policy which covers participants, teachers and other adults, whether employees or not, who accompany them. The cover provided for teachers in this policy is in addition to that provided in (a). This policy also covers medical expenses, cancellation expenses, personal and vehicle repatriation from overseas, personal effects and legal liability.

This policy is optional and cover is supplied only when a school journey insurance proposal form has been completed and forwarded to Legal Services at Kilmory before the event.

If the organiser of a school trip decides that insurance is required - see guidelines below - the travel proposal form should be completed. This can be found in appendix 1 or the public folders under 'Insurance' or can be requested by telephoning the Insurance Section of Legal Services on 01546 604381 or by emailing [insurance@argyll-bute.gov.uk](mailto:insurance@argyll-bute.gov.uk) NB: no payment should be made at this stage.

It is intended that insurance is counted as an integral part of the cost of a trip and will fall to the school or parents. At the end of the financial year each school's premiums, as detailed on any forms submitted to Legal Services, will be aggregated and the appropriate steps taken to transfer that amount from the school's budget.

A copy of the insurance form should be retained in the school and may be copied to parents to inform them of the cover provided.

### Guidelines on whether insurance cover for a school journey is required

- If the journey involves an overnight stay or if a trip abroad is involved.
- If the journey involves reasonably high costs and/or there are possible cancellation charges.
- If the head teacher or organiser feels that additional cover is required.
- If parents express a need for cover.

The policies apply to activities approved by the head of establishment or the person delegated by the head to be responsible for the care of those involved. Participants are covered by the personal accident insurance policies only when they are under general supervision, although not necessarily accompanied at given times.

Details of these policies and their benefits can be obtained from Legal Services, Insurance Department, Kilmory.

### 3 **Exclusions**

Where there is some doubt if the trip or activity you are undertaking is covered by the Council's insurance policy, advice should be sought from The Insurance Section, Legal Services, Kilmory, Lochgilphead; telephone 01546 604381.

### 4 **Claims**

Claims on the policies should be made through the Insurance Section, Legal Services, Kilmory, Lochgilphead. Staff within the Insurance Section will assist with the completion of the relevant claim form. All correspondence concerning claims should be accompanied by receipts for medical expenses where appropriate and any other related correspondence should be copied to the appropriate head of service.

With regard to policy 2(c) above the insurance company is Zurich Municipal.

Telephone number: 01489 868 888 (from UK) or  
+44 (0)1489 868 888

### 5 **Calculation of premium**

Premiums should be calculated in accordance with the note at the bottom of the proposal form which should then be forwarded to Legal Services.

NB: no payment should be sent at this stage.

Yours sincerely

Executive Director of Community Services

June 2017

**Appendix 1**



**SCHOOL TRAVEL INSURANCE PROPOSAL FORM**

**Name and Address of School:**

**Telephone Number:**

**Destination Address:**

**Departure Date:**

**Return Date:**

**No of days:**

**Number Pupils:**

**Number of Adults:**

	No of persons		No of days	Cost per day	Total
Area 1		X		X 15p	
Area 2		X		X 30p	
Area 3		X		X 45p	

AREA 1 - UK

AREA 2 - EUROPE

AREA 3 – ELSEWHERE

Signature of Responsible Teacher: .....

Print Name: .....

Date: .....

**FORWARD NO REMITTANCE WITH THIS FORM.**

**PLEASE SEND COMPLETED FORM TO: [insurance@argyll-bute.gov.uk](mailto:insurance@argyll-bute.gov.uk) or Fax to 01546 604373.**