Oaklands Catholic School and Sixth Form College
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Executive Headteacher: Richard Cunningham BA (Jt Hons), PGCE (Cantab), MSc, CMgr, FCMI
Head of School: Amy Bonnington BA (Hons), PGCE, MA

Edith Stein Catholic Academy Trust
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Dear Parent/Carer,

22nd October 2026

A Level Geography Fieldwork Trip 12th – 14th May 2027

As part of the A level Geography course, students must complete an individual investigation which must include data collected in the field. This piece of work is worth 20% of their final A level grade. The individual investigation must be based on a question or issue defined and developed by the student relating to any part of the specification content.

Our intention is to take the students on a three-day trip to provide them with exemplar field studies that they could replicate in our local area. However, use of data collected on the field trip is also permissible. Evening sessions will be spent processing data in the classroom.

• Day 1: Coastal management study at Barton-on-Sea and sand dune transects at Studland. We will also reinforce the coastal topic by visiting Old Harry Rocks and Durlston Head.

• Day 2: Beach study at Ringstead Bay, Chesil Beach and the Isle of Portland. We will also conduct human fieldwork at Poundbury near Dorchester.

• Day 3: Swanage beach management survey and human geography study in the town centre. Return home after lunch.

We will depart from school on the morning of Wednesday 12th May (meet by the chapel at 8:00am) and will return around 3:30pm on Friday 14th May (dependent on traffic on return). We will be staying at Swanage YHA - http://www.yha.org.uk/hostel/swanage, which has served as an excellent base on previous visits.

Students will need to bring a packed lunch for the Wednesday (although we will stop at a supermarket if students would prefer to purchase a lunch). On Wednesday evening we will have a meal in Swanage, so students will need to bring money for this. We will give the students an opportunity to purchase a lunch on Thursday and Friday at the local supermarket. We will have an evening meal at Swanage YHA (included in the price) on the Thursday. Breakfast is included on both mornings.

The total cost of the trip is **£145**. A deposit of £30 is due by Monday 9th November 2026 - this is how much we have paid per person to Swanage YHA already to secure the booking. The remainder of the balance is due by Monday 1st February 2027.

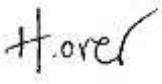
PTO

Please do not send post-dated cheques. Payments and accompanying paperwork must be handed in on or before the deadline date specified. Should your child withdraw from the activity please be aware that payments are non-refundable unless the withdrawal is for an insurable reason. If there are significant changes to the cost of the trip, these may have to be passed on to the student. Be assured that we will try to keep such costs to a minimum.

Any families who are experiencing financial hardship are asked to contact Mr Godwin, Director of Sixth Form Learning, as support for this trip may be available from the 16-19 bursary fund. No student will be omitted from the activity if his/her parents are unable to contribute. However, I must make it equally clear that in accordance with the Governors' policy statement, this activity may not take place if parents are reluctant to support it with their contributions in full or in part. We would advise that students do not to take valuables out on school activities, however, should they be taken parents should ensure personal possessions are adequately insured.

Please complete and return the consent form to the Finance Office by Monday 9th November 2026, but **return the medical form to your Geography teacher**. Our preferred method of payment is online. Alternatively, you can pay by cash or cheque (made payable to Oaklands Catholic School).

Yours sincerely



Mark Bamford
Assistant Head of school

Mrs Over
Head of Geography

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PLEASE RETURN TO THE FINANCE OFFICE BY Monday 9th November 2026

A Level Geography Fieldwork Trip 12th – 14th May 2027

I confirm that I have parental responsibility for

Student Name: ……Form:…….

He/she is in good health and I consent to him/her taking part in the programme detailed in your letter.
I enclose payment of £ _____
or
I will pay online (please tick) ☐
I wish to apply for 16-19 bursary fund ☐

I understand and accept that it is my responsibility to update the school should there be any changes to the medical information about my child. Please communicate these to Mr Bamford.

Parental Signature: ……..Date……

Hampshire Outdoors
Skills & Participation

Medical and Consent Form

Name of Establishment:
Visit:
Date/s:

Personal Details of Participant

First Name: _____ Surname: _____ Mobile (if applicable)_____
Date of Birth: ___/___/___ Age: _____ Male / Female (delete as appropriate)
Address:_____

_____ Post Code: _____

Emergency contact must be contactable for the duration of the visit / activities
Emergency Contact – 1) Name: _____ Number: _____

Emergency Contact – 2) Name: _____ Number: _____

Any special dietary requirements? _____

Medical Information

Name and address of participant's Doctor: _____

Telephone Number: _____ NHS Number (if known): _____

Has the participant had or have any of the following? ***Where 'YES', please give specific details overleaf.***

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care considerations	Yes	No

Is the participant receiving:

Support and/or treatment for mental health from their counsellor or Doctor?	Yes	No
Medical or surgical treatment of any kind from their Doctor or hospital?	Yes	No
Has the participant been given specific medical advice to follow in emergencies?	Yes	No

If the answer to any of these questions is Yes, please give details overleaf (including name, dosage of any medicines)

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered?	Yes	No
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?	Yes	No

Consent for programmed water sports and water related activities

(e.g. kayak, canoe, sail, windsurf, rafting, etc., or activities involving water e.g. caving, gorge walking)

Please tick **ONE** of the boxes below to confirm the water confidence and swimming capability of the participant.

Ticking either box **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Activities Provider to support any appropriate adjustments for inclusive participation.

☐ A) My child and or I am water confident and can swim (including can submerge head without becoming distressed).

☐ B) My child and or I am a non-swimmer and/or may be nervous in and around water.

NB: If the planned water activities require a specific swim distance and or competence to take part, then this should be clearly communicated to the participants and or parent/guardian to gain this information. **If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space overleaf.**

Hampshire Outdoors
Skills & Participation

Medical and Consent Form

Name of Establishment:
Visit:
Date/s:

Additional Medical, Support Needs Information for the planned visit: (Add additional sheets if required).

_____

_____

_____

_____

_____

_____

_____

_____

_____

Consent for the Visit

I confirm that I have parental responsibility for _____

He/she is in good health and I consent to him/her taking part in ALL activities set out in the visit information.
(Any variation to this should be noted overleaf or above).

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.
In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader. I accept that, by their nature, adventure activities and educational visits may involve some level of risk which cannot be fully eliminated, and I consent to my child taking part.

_____ **Print name here:** _____
Signed by person with parental responsibility for participants under 18 years of age.

_____ **Print name here:** _____
Signed by participant if aged 18yrs and over.

Date: _____

Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.
Schools should already have Image Consent in place as part of their enrolment procedures.
All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage- https://hants.sharepoint.com/sites/CESC/SitePages/Guidance-and-consent-forms.aspx?web=1

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.
This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.
This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.
You have some legal rights in respect of the personal information we collect from you.
Please see our website Data Protection page for further details: www.hants.gov.uk/dataprotection

Hampshire County Council · Southampton City Council · Portsmouth City Council · Isle of Wight Council · West Berkshire Council