

## OCA REQUEST FORM

<b>Teacher Name(s):</b>		<b>Date of Trip:</b>		<b>Class Group(s):</b>	
<b>Description of the OCA (Rationale, Venue etc). Please attach documentation if applicable.</b>					
<b>Number of students under 18 years at the time of the activity:</b>					
<b>Departure time from College (if applicable):</b>		<b>Assembly time at venue:</b>		<b>Expected end time:</b>	

Have you timetabled classes during the OCA that you will not be available to take? **Yes:**  **No:**

If yes, provide details of the other classes that you are timetabled for on that date:

Class	Subject	Start time	Finish time:	Indicate arrangements made or required for these classes, e.g. (work assigned, replacement Teacher, S&S, timetable rearrangement etc.)

Does this OCA impact on other timetabled classes for the group(s) or other Teachers? **Yes:**  **No:**

If yes, provide details of other scheduled classes impacted by the OCA:

Class	Subject	Start time	Finish time:	Teacher	Notes:

I have informed and secured the agreement of all relevant staff impacted by this OCA: **Yes:**  **No:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Teacher(s)

This OCA is of benefit to the classes involved and all regulations have been complied with.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Department Head/Deputy Principal

Signatures of participating learners: Class Group: \_\_\_\_\_

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