



Agreement for I.M.P.S. Programme

The I.M.P.S. programme is free to schools, although it has a cost to us of £13.00 per child. I.M.P.S. has only partial core funding and is part of the Oxford Radcliffe Charitable fund. We do ask for financial donations from the schools enrolled on our programme.

One copy of the resource pack and CD is provided free of charge to the **school** and must be left at the school when the teacher leaves.

Replacement copies are available from the I.M.P.S. Office at a cost of **£25.00** each.

Please read and sign this agreement and have it counter-signed by your Head Teacher. Return this letter of agreement to the I.M.P.S. Office after taking a copy.

- I will take responsibility forschool's enrolment on the I.M.P.S. Programme and will hand over this responsibility to a nominated member of staff if I leave my post.
- I understand that while school is enrolled on the I.M.P.S. Programme that the school will agree to the following points:
 - To use the resource pack/CD within your scheme of work as often as possible within the National Curriculum.
 - To include I.M.P.S. within the Personal, Social and Health Education curriculum.
 - To co-operate with instructions for I.M.P.S. visits.
 - To fund coach travel or organise minibus travel for class visits to the hospital.
 - To complete follow up lessons at school.
 - To notify the I.M.P.S. Co-ordinator of any change of year co-ordinator at school.
 - To organise a fundraising activity on behalf of I.M.P.S.
 - To be aware that there is a **£75** cancellation fee if visits are cancelled less than 4 weeks in advance and **£150** if the visit is cancelled with less than 24 hours notice.
 - To ensure all points on the teachers checklist are carried out before arrival and that the parents/guardians and carers are made aware of the importance of appropriate dress for the visit.
 - To take responsibility for the screening of all adults who accompany the children on a hospital visit in compliance with the Oxfordshire Safeguarding Board Procedures (available at www.oscb.org.uk)

Signature (Teacher) _____

Name (in block capitals) _____

Date _____

Signature (Head Teacher) _____

Name (in block capitals) _____

Date _____

Please return to: I.M.P.S. office, Academic Centre, Level 4, John Radcliffe Hospital, Headington, Oxford. OX3 9DU or fax to: 01865 743477