



Agreement for I.M.P.S. Programme

I.M.P.S. is currently provided free of charge to all state run schools in Oxfordshire; however, it has a cost to I.M.P.S. of £16.50 per child.

I.M.P.S. has only **partial** core funding and is part of the Oxford Hospitals Charity, fund number 1057295. We ask for financial donations/fundraising from the schools enrolled on our programme as a contribution towards the costs and recommend a target amount of £10 per head.

The resources can be downloaded free of charge from our website.

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 the school is enrolled on the I.M.P.S. Programme that we will agree to the following points:

- To use the key stage 2 resources within my scheme of work as often as possible within the school year.
- To ensure my pupils complete the online quiz pre and post I.M.P.S. visit complying with the instructions for robust evaluation data.
- 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 activities 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 48 working 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, Green Area Outpatients, Level 2, John Radcliffe Hospital, Headington, Oxford. OX3 9DU