



## Affiliated Schools agreement for I.M.P.S. Programme

This is an agreement between 'the school' and Oxfordshire I.M.P.S.

Please read and sign this agreement and have it counter-signed by your Head Teacher and return to Oxfordshire I.M.P.S. after taking a copy.

- I will take responsibility for \_\_\_\_\_ School's enrolment on the Affiliated Schools I.M.P.S. Programme and will hand over this responsibility to a nominated member of staff if I leave my post.
- I will not pass on log in details or passwords for resources to any person, school or agency.

### You will have access to:

- Online key stage 2 resources
- The I.M.P.S. first aid DVD and lesson plan for delivery in school
- Resources and lesson plans to facilitate the delivery of the programme
- The online evaluation quiz pre and post intervention
- The I.M.P.S. website including the Kidszone and Schools Platform resources
- Monthly targeted emails and lessons (to receive lessons linked to topical risk management issues)
- The I.M.P.S. computer emergency department resource
- Updates to the programme as and when they are developed

**I understand that while the school is enrolled on the Affiliated schools I.M.P.S. Programme that 'the school' will agree to the following points:**

- To use resources within the key stage 2 scheme of work as often as possible.
- To ensure students complete the online quiz pre and post I.M.P.S. intervention.
- To include I.M.P.S. within the Personal, Social and Health Education curriculum.
- To arrange a practical element to teach emergency life skills (resuscitation, recovery position and the use of a defibrillator) to the students either with an outside agency or by using the resuscitation council "Lifesaver" app.
- To complete activities at school including the online computer emergency department resource.
- To notify Oxfordshire I.M.P.S. of any change of year co-ordinator at school.
- To be aware that all resources are copyright of I.M.P.S.

Signature (Teacher) \_\_\_\_\_

Name (in block capitals) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Head Teacher) \_\_\_\_\_

Name (in block capitals) \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Oxfordshire I.M.P.S. [imps@ouh.nhs.uk](mailto:imps@ouh.nhs.uk)

I.M.P.S. is part of the Oxford Hospitals Charity (Registered charity number 1175809),