

Visiting Speaker at St John’s College School

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| Name of Speaker and Organisation (if applicable) |  |
| Speaker Contact Details |  |
| Date of Proposed Visit |  |
| Name of Contact at SJCS |  |
| Reason for Visit |  |
| Please give below a brief outline of the information to be communicated in the Speaker’s talk to St John’s College School pupils: |
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| I confirm that I have checked that the information the visiting speaker will communicate is appropriate to the age and maturity of the pupils | Yes |  | No |  |
| I confirm that I have checked that the information the visiting speaker will communicate does not undermine British values or the ethos and values of the School | Yes |  | No |  |
| I confirm that I have sent the [Guidelines for Visiting Speakers](https://www.sjcs.co.uk/sites/default/files/styles/Policies/SJCS%20Guidelines%20for%20Visiting%20Speakers.pdf) to the speaker in advance of the visit. | Yes |  | No |  |
| I confirm that I have conducted research on the visiting speaker and their organisation (if applicable) and have established that they have not demonstrated extreme views/actions. The results of my biographical internet search is attached. | Yes |  | No |  |
| I confirm that I have informed the visiting speaker that USB sticks must not be brought into School. | Yes |  | No |  |
| I confirm that I have received their presentation materials in advance of their visit. | Yes |  | No |  |
| I confirm that I have asked the visiting speaker to present photo ID on arrival at School and that I will check this to verify their identity | Yes |  | No |  |
| I confirm that arrangements are in place for the visiting speaker to be accompanied at all times and will not be left unsupervised with pupils at any point. | Yes |  | No |  |
| I understand that it is my right and responsibility to interrupt and/or stop a presentation if it does not meet the requirements of the [Guidelines for Visiting Speakers](https://www.sjcs.co.uk/sites/default/files/styles/Policies/SJCS%20Guidelines%20for%20Visiting%20Speakers.pdf) | Yes |  | No |  |
| I understand that I will need to conduct a post-event evaluation of how the visit met the needs of our students. | Yes |  | No |  |
| Organiser’s Signature |  | Date |  |
| Approved by the Director of Studies or the Director of Operations (signature) |  | Date |  |