**Bethania Lutheran School**

**APPLICATION FOR OFF-CAMPUS EXCURSION**

The Excursion Leader must complete this Application for Off-Campus Excursion form. The form provides a mechanism for documenting approval for the trip and to ensure relevant Control measures have been considered and are in place to minimize the risk to students and staff. A copy of the approved form must be sent to the Assistant Principal – Teaching and Learning, and the Workplace Health and Safety Officer. The original is retained by the excursion leader and is taken on the off-campus experience.

**ADMINISTRATION**

|  |  |  |
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| **EXCURSION / CAMP / FIELD TRIP TITLE:** |  | |
| **EXCURSION DETAILS:** Date and Location of proposed excursion | | |
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| **Details of how the Excursion supports links to the curriculum** | | |
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| Number of Students: (Attach names) Number of Staff:  Staff Names:  Staff / Student Ratio:  REQUIRED: Prep 1 : 3 Adult : Pupil Ratio  Years 1 - 3 1 : 6 Adult : Pupil Ratio  Years 4 – 7 1 : 10 Adult : Pupil Ratio | | |
| Arrangements for students not attending excursion: | | |
| One day excursion (school hours) After hours excursion  x  One day excursion (school & after hours) Overnight / extended camp  Time/Date: Leaving School: Returning: | | |
| **Student Details** | | |
| **Dress:** School Uniform: Sports Uniform: Casual:  **Meals:** Cut Lunch: To be bought: Self-catered: Catered: Not Required:  **Students will require money to purchase morning tea and/or lunch:** Yes: No: | | |
| **EXCURSION LEADER:** | | |
| **POSITION:** | | **Staff:** |

**TRANSPORTATION DETAILS**

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| **BUS/VEHICLE BOOKING SECTION** |
| **Travel: Do you require a bus to be booked? YES NO** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Departure time from the College** | | | 8.30am | | |  | **Venue** | **Address** | **Arrival (hrs)** | **Departure(hrs)** | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | **Arrival time back at the School** | | |  | | |
| **Costs** |
| |  |  |  |  | | --- | --- | --- | --- | | Cost of Bus(es) |  |  |  | | Cost of Venue(s) |  | Total (Transferred) |  | | Other |  | Number students |  | | Total |  | Cost per student |  | |

**PROJECT EQUIPMENT**

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| School Equipment/Assets to be taken off campus: |
| First Aid Kit |
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**MEDICAL DETAILS**

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| **MEDICAL DETAILS** |
| Are medical records required for this excursion / camp? Yes No |
| If yes, is there a completed School Medical Record and Consent form for all students attending the excursion / camp? Yes No |
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| **FIRST AID** |
| Are First Aid facilities readily available on site? Yes No |
| If no, is a First aid kit readily available to the excursion leader? Yes No |

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| **Emergency Services (Local)** | **School Personnel (Mobile Numbers)** |
| 000 **or**  112 from a mobile phone | Principal: 0466 090 425 |
| Assistant Principal – Pastoral Care: 0410 237 804 |
| Assistant Principal – Teaching & Learning: 0403 704 977 |
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**COMMUNICATION SYSTEMS**

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|  | Mobile Telephone Phone Number: |
|  | Other (Describe) |

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| **Risk Management of Activity** | | | |
| Some of the obvious hazards have been identified for you in the table below. Using the risk management form on the back page, identify any additional hazards and the controls for the activities that will be part of this educational experience. | | | |
| **REFERENCE GUIDE – HAZARDS AND CONTROL MEASURES** | | | |
| UV Radiation | | Students to bring: Sun hat, sunglasses, Sunscreen, Long sleeve shirt, Other. | |
| Sting/Bites (Bees, snakes, etc.) | | Insect repellents, Stingose (or equivalent), Qualified first aider (snake bite), Other. | |
| Chemicals (e.g. Fuel, stove, methylated spirits, butane) | | Chemicals labeled, MSDS’s available, Risk assessments completed, Documented training | |
| Environmental Conditions:  Heat, Code, Wind, Rain/Sleet, Water | | Appropriate clothing, Time restrictions (reduce exposure time), Supervision (staff/student ratio), Water (drinking-hydration), Lifejackets, Other | |
| Working at Heights | | Qualified staff, Certified equipment, Instruction, demonstration and supervision, Other | |
| Mechanical Equipment/ Other Hazards | | Kinetic Energy, Gravity, Electrical, Vibration, Noise, Manual Tasks (e.g. Lifting), Biological | |
| **Hazards** | **Controls** | | |
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| **WORKPLACE HEALTH AND SAFETY OFFICER’S EXCURSION ASSESSMENT** | | | |
| Is the Application for Off-Campus Educational Programme Form complete? | | | Yes No |
| If no, indicate why? (i.e. limited risk, assessment waived by WHSO) | | | |
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| Are the proposed control measures appropriate for the hazards identified? | | | Yes No |
| If no, what additional control measures are required? | | | |
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| **ASSESSED BY: (This should be a person with adequate Safety knowledge, e.g. WHSO):**  **Name: Signature: Date:** |
| **PRINCIPAL: Dr Ian Marks** |
| **WHSO:** |
| As Excursion Leader, I understand my responsibilities as outlined in the College Policy and Procedures Manual.  **Name: Mrs Megan Gilmour Signature: Date:** |

**TO BE ATTACHED:**

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|  | Permission Letter |
|  | Risk Register |
|  | Full List of Students |
|  | Itinerary |
|  | List of Contact Details |
|  | Summary of Student Medical Details |

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| **CONSEQUENCES** | | | | | |
| **Likelihood** | **Insignificant**  **1** | **Minor**  **2** | **Moderate**  **3** | **Major**  **4** | **Catastrophic**  **5** |
| **A** (almost certain) | **Low +**  **4** | **Medium +**  **16** | **High**  **32** | **Very High**  **64** | **Extreme**  **128** |
| **B** (likely) | **Low -**  **2** | **Medium -**  **8** | **Medium +**  **16** | **High**  **32** | **Very High**  **64** |
| **C** (moderate) | **Negligible**  **1** | **Low -**  **4** | **Medium -**  **8** | **Medium +**  **16** | **High**  **32** |
| **D** (unlikely) | **Negligible**  **0.5** | **Low -**  **2** | **Low +**  **4** | **Medium -**  **8** | **Medium +**  **16** |
| **E** (rare) | **Negligible**  **0** | **Negligible**  **0.5** | **Negligible**  **1** | **Low -**  **2** | **Low +**  **4** |

**Bethania Lutheran School**

**RISK REGISTER FOR**

**OFF CAMPUS EDUCATIONAL EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Event:** |  | **Compiled by:** |  | **Date:** |  |
| **Location:** |  | | | | |

| **Reference** | **Activity** | **Risk** | **Risk Controls** | **Residual Risk** | | **Level of Risk with controls** |
| --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Consequence** |
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