|  |  |
| --- | --- |
| Service Name: |  |
| Teacher Responsible for Excursion: |  |

**Details of Excursion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date/s of proposed Excursion: | |  | | | |
| Is this a regular Outing? | | YES | *If yes, provide a description of when children are to be taken on the regular outing: ROUTINE OUTING FORM?* | | |
| NO |
| Pick up Location: | |  | | | |
| Destination Details: | | *(List each location travelled to and from as part of the excursion. Eg: Museum, park for lunch, Service)* | | | |
| Describe the process for entering and exiting the service premises and the pick-up location or destinations. | | *(Include how each child is accounted for)* | | | |
| Departure and arrival times: *(Please, list times from the service to each destination and when returning to the service.)* | | | | | |
| Departure Location (eg from kinder) | Departure Time | | | Arrival Location | Arrival Time |
|  |  | | |  |  |
|  |  | | |  |  |
|  |  | | |  |  |

**Transport**

|  |  |  |
| --- | --- | --- |
| Method of transport, including proposed route: |  | |
| Have any requirements for seatbelts or safety restraints in your state been met? | YES | *COMMENTS* |
| NO |
| Describe the procedures for embarking and disembarking the vehicle | (include how each child is accounted for in embarking and disembarking.) | |

**Educator to Child Ratios**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Given the risks for this excursion, does the excursion warrant a higher ratio? | YES | | *COMMENTS* | |
| NO | |
| Number of Staff attending the excursion: | |  | | |
| Full names of each Educator attending the excursion: (please include additional staff with special skills. Eg Pinarc staff, additional assistants, SRF staff etc) | | | | |
| Name | | | | Name |
|  | | | |  |
|  | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Volunteers attending the excursion: |  | | | |
| Full names of Volunteers attending the excursion: | | | | |
| Name | | Name | | |
|  | |  | | |
|  | |  | | |
| Number of Children attending the excursion: |  | | | |
| Does at least 1 educator have the following qualification? (please tick) | First Aid | | Anaphylaxis | Asthma |

**Activities, Risks & Hazards**

|  |  |  |
| --- | --- | --- |
| Are there any water hazards?  *If YES, please give further details in the table on next page.* | YES | NO |
| Proposed activities on the excursion, and the link to your program: | | |
|  | | |
| Do you have any children who have additional needs? | YES | NO |
| If you have aswered YES to the question above, how will you minimise the risks for these child/ren? | | |
|  | | |

**Items that are to be taken on the excursion** (Please tick if you are taking the following information or equipment)

|  |  |  |  |
| --- | --- | --- | --- |
| First aid kit |  | List of children’s contact phone numbers |  |
| Mobile Phone |  | Medical information for each child |  |
| Water & Snacks |  | Medications (asthma, diabetes, anaphylaxis) |  |
| Sign in book |  | Full name, Details & Emergency contact for volunteers attending the excursion |  |
| Wipes / tissues |  | Picture story book in case the bus is running late etc |  |
| A list of children attending the excursion |  |
| Every child has a name tag and that on the name tag the kindergarten is identified with the  Kindergarten mobile number | | |  |
| Other items please list: | | | |

**IDENTIFICATION OF RISKS & HAZARDS AND HOW THESE ARE TO BE MANAGED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify any Hazards or Risks associated with the excursion** | **How will the risks be minimized and managed and who is responsible?** | **Are the risks:**  Very likely likely  Unlikely  very unlikely | **Are the risks:**  Extreme  Major  Moderate  Minor |
| 1. Transport Accident |  |  |  |
| 1. Slips, Trips and Falls |  |  |  |
| 1. A child absconds from the group |  |  |  |
| 1. Toileting |  |  |  |
| 1. A child, staff member or volunteer becomes ill on the excursion / Centre Event |  |  |  |
| 1. Weather conditions |  |  |  |
| 1. Hygiene/ Infectious Diseases |  |  |  |
| 8. Water Hazards |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

**This form must be completed and submitted to ECKA 2 weeks prior to the proposed event**

|  |  |  |
| --- | --- | --- |
| Has the risk assessment been communicated to all staff attending the excursion? | YES | *COMMENTS* |
| NO |

|  |  |
| --- | --- |
| How will the Risk Assessment be made available for families? | *COMMENTS* |

**ENDORSEMENT by EEA, OM or CEO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Signature** |  | **Date** |  |