|  |  |
| --- | --- |
| Service Name: |  |
| Teacher Responsible for Centre Event: |  |

**Details of Centre Event**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date/s of proposed Centre Event: | |  | | |
| Is this a regular event? | | YES | *If yes, provide a description of when children are to be participating in the regular centre event:* | |
| NO |
| Event start time: |  | | Event finish time: |  |

**Educator to Child Ratios**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of Volunteers attending the Centre Event: |  | | | |
| Full names of Volunteers attending the Centre Event: | | | | |
| Name | | Name | | |
|  | |  | | |
|  | |  | | |
| Number of Children attending the Centre Event: |  | | | |
| 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 Centre Event, 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? | | |
|  | | |

**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 |
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| 8. |  |  |  |
| 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 Centre Event? | YES | *COMMENTS* |
| NO |

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

**ENDORSEMENT by EEA, OM or CEO**

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