|  |  |
| --- | --- |
| Service Name: |  |
| Teacher Organising Out of Hours Event: |  |

**Details of Out of Hours Event**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of proposed Out of Hours Event: | |  | | |
| Location of proposed Out of Hours Event: | |  | | |
| Date of proposed Out of Hours Event: | |  | | |
| Event start time: |  | | Event finish time: |  |

**Supervision**

|  |  |  |
| --- | --- | --- |
| Number of Staff attending the Out of Hours Event: |  | |
| Full names of each Educator attending the Out of Hours Event: | | |
| Name | | Name |
|  | |  |
|  | |  |

|  |  |  |
| --- | --- | --- |
| Number of Volunteers attending the Out of Hours Event responsible for any organising or running of the event: | |  |
| Full names of Volunteers attending the Out of Hours Event who are taking responsibility for any part of the event e.g. cooking BBQ or arranging activities etc etc: | | |
| Name | Name | |
|  |  | |
|  |  | |
| Number of Children attending the Out of Hours Event: | |  |

**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 Out of Hours Event: | | |
|  | | |
|  | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify any Hazards or Risks associated with the event** | **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 Out of Hours Event? | YES | *COMMENTS* |
| NO |

|  |  |
| --- | --- |
| Has a notice been given to parents outlining their responsibilities? (attach a copy to the RA) | *COMMENTS* |

**ENDORSEMENT of EEA, OM or CEO**

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