## RISK ASSESSMENT & **EXCURSION/EVENT APPLICATION FORM**

### **EVENT: Year 11 SLR 2Unit - Aquatics Unit of Study**

### **IMPORTANT!! READ THIS FIRST!**

1. Venue & Excursion Risk Assessment Documents It is the Excursion Organiser's responsibility to provide a CURRENT venue risk assessment AND an Excursion Risk Assessment document based on the venue's

DO NOT rely on last year's version but contact the venue for their latest risk assessment documentation. If the Venue does not have a Risk assessment document the Excursion risk Assessment will substitute for both. These documents MUST be saved in the Excursion Risk Assessment folder for auditing purposes. Excursion **Processing Time** 

Allow 12 days processing time for excursion setup, AP approval and permission notes printing and distribution to excursion organiser.

2. Entering Excursion Details Begin entering data from TEACHING STAFF START HERE marker below 2 and continue entering the relevant details by tabbing through the form fields and stop when you get to the TEACHING STAFF STOP HERE marker.

Save the file and close it.

Drag and drop the file into College\Public\Excursions\Waiting for AP Approval folder.

- 3. Excursion Approval Excursion will be approved by the LOL Curriculum Support and the AP responsible for the stage group involved in the excursion. For events involving multiple stage groups the Stage5 AP will be responsible for approval.
- 4. Printing Permission Notes Permission notes will be processed, printed after AP approval by support staff and distributed to the excursion organisor or as per requested.

<u>TEACHING STA</u>	AFF START HER	<u>E!</u>	
HAVE YOU PROVIDED THE VENUE'S CURREN	T RISK ASSESSMENT?	X Yes	Not Available
HAVE YOU COMPLETED AN EXCURSION RISK	X ASSESSMENT?	X Yes	No
EXCURSION RISK ASSESSMENT LINK: Enter I	RA Hyperlink Here		
DOES THIS EXCURSION INCUR A COST TO TH	E STUDENT?(other than	public trai	<u>isport)?</u>
Yes If YES you MUST contact Georgia l	Fitzgerald (Bursar) for excu	rsion dissec	tion code.
Enter the Dissection Code here:			
No Cost			
WHICH STAFF ARE ATTENDING? (student: teacher	r ratio of 25:1 generally)		
Layn Mellish			
STAFF PROHIBITED EMPLOYMENT DECLARA	ATION:		
Have all staff, paid and unpaid, provided their Working	With Children Check?	Yes 🛛 No	0

### WHICH STUDENTS ARE ATTENDING?

**Classes or Student Names** Year 11 SLR

Number of students expected to be involved: 11

**STUDENTS ATTENDING ENTRY INTO MILLENNIUM:** 

I understand that it is the ORGANISING TEACHER'S responsibility to make sure that a VARIATION has been entered in MILLENNIUM before the excursion date for ALL students who are attending this Yes No excursion.

#### STUDENTS WITH MEDICAL ISSUES ATTENDING?

Are there students attending with life-threatening allergies/conditions?

Yes No X

If YES Are ALL staff attending aware of the student's Medical Management Plan(s)?

If the staff are NOT aware of the Medical Management Plan(s) the excursion cannot proceed for this student(s) until such time that the plan is reviewed by the Organising Teacher and all attending staff members have been updated.

#### **Excursion Name**

#### Year 11 SLR 2Unit - Aquatics Unit of Study

Excursion Type Excursion	KLA Responsible	PDHPE
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Excursion Organiser	Mr Layn Mellish	Date Risk Assessment completed (dd/mm/yy)	30 October 2019
Excursion Date (dd/mm/yy)	Friday, 1 November 2019	Additional Excursion Dates  Use this field where there are a number of dates relating to this excursion	Commencing Friday 1 November and then every Friday during Term 4
Event On-site or Off-site and is there a Cost?	Off-Site With Cost week at the venue	Cost: Er	ntry Fee: \$4.50 - payable each
Venue Name	Riverstone Swimming Centre	·	
Venue Location/Address (if College based indicate the room number eg. N21 or S8)	Market Street & West Garfie	ld Road, Riverstone	
Venue Phone Number	9627 1496 StJPI	CC Phone number	9208 7200
Venue Fax Number	Schoo	l Fax number	9208 7230
Venue Web address			

### **EMERGENCY CONTACT NUMBER**

Event Emergency Phone: No Mobile Phone Required

If you use any of the <u>College mobile phones</u>, a phone will be automatically allocated to you and the <u>number will appear on the Information Note</u>. and may be collected from the front office of the campus from where the excursion is departing.

#### Tick ONE of the following boxes:

- The event is On-site and within school hours and no mobile phone is required
- The event is Off-site and within school hours and **no mobile phone** is required
- The event is On-site and outside school hours and a College Internal Phone number is required
- The event is Off-site and a College mobile phone is required.

I understand that the <u>phone will be automatically allocated and the number will appear on the event</u> Information Note.

I understand it is my responsibility to contact the allocaed phone front office the day before the event to check that the phone is charged.

I agree to collect the phone from the front office prior to departing for the event.

The event is a <u>Sporting Event</u> and the <u>Sport Coordinator mobile will be allocated to the event</u>.

(Sport Cordinator Mobile: 0402 200 479)

Parents return documentation by? Friday, 1 November 2019

Why should stude	ents attend?			ory for Year 11 SLR students ssment for their Aquatics Un		
Additional Paren	t Information	This activity will occur during normal timetabled SLR classtime. Week A: 12.30pm - 2.15pm (Per5&6) Week B: 10.30am-12.00pm (Per3&4)				
Departure/Start 1	Point and Time	Nirim	ba Campus	See Additional Parent Int	Cormation	
Return/Finish Point and Time Nin		Nirim	ba Campus	See Additional Parent Inf	Formation	
Additional Travel	Details					
Outside Hours Student Pick-up Details			Does this excursion fall outside school hours?  Enter pick-up arrangements here:			
Unable to Attend Tra	aining Details	N/A				
Sport Information Li	ine Details	N/A				
Students are to wea	Students are to wear Full			orm .		
Students will be tra	ansported by	Bus				
Other Requirements Where relevant, list other requirements such and sun screen, that participants are require any items are provided by the venue			~ *	Swimwear, sunscreen, hat,	towel, water bottle	
Is this a NESA Man Compulsory excurs			<u> </u>	ot Mandatory or Compulse	ory	
Insurance	Does the venue h	ave pub	lic liability cover?	Yes 🛛 No 🗌		
Activity/program  Please list	Recommended ag group/fitness leve prerequisite skills	el/ co	aff accreditation/ mpetence for this tivity/program	Potential risks List hazards/risks related to each activity/program and the venue	Control Strategies Outline strategies for ensuring visitor safety for this potential risk	
Equipment  Is all equipment at the venue maintained in accordance with the OHS Regulation and appropriate standards? Yes  No □  List any equipment, including personal protective equipment, to be provided for use during the activities/programs.						
List any equipment, Supervision / service List services provide including briefings, supervision of activi	ces ed by venue staff guided tours,	protect	ive equipment, to be	provided for use during the a	ictivities/programs.	

Access	Are access to and egress from the premises safe and without risk to health?  Is the venue wheelchair accessible?  Are disabled toilets available?	Yes ⊠ No ☐ Yes ⊠ No ☐ Yes ⊠ No ☐
Emergencies	Are emergency procedures in place in the venue? Are staff trained to deal with emergency situations? Is the venue compliant with NSW Fire Brigade regulations? Are the staff at the venue trained in the use of the fire safety equipment?	Yes ⊠ No ☐ Yes ⊠ No ☐ Yes ⋈ No ☐ Yes ⋈ No ☐
Construction/ Maintenance/ Repair	Are licensed personnel used for all construction, maintenance and repair work	k? Yes 🛛 No 🗍
First Aid	Are first aid kits available for each activity? Is there a trained first aid officer at the venue? Is a first aid room available?	Yes ⊠ No ☐ Yes ⊠ No ☐ Yes ⊠ No ☐
Child-related employment	Will TSC staff have complete responsibility for supervision of students?  If no, complete below.	Yes No 🗌
	Are employees of your organisation engaged in child-related employment as a Commission for Children and Young People Act 1998 and the Child Protection Employment) Act 1998?	
	If ves, which Approved Screening Agency in NSW has registered your organis related employer for the purpose of employment screening?	ation as a child-
	If your organisation is registered with an Approved Screening Agency in NSW have all paid staff undergone employment screening?	γ, Yes ⊠ No □
	Have all staff, paid and unpaid, completed a Prohibited Employment Declarate	ion? Yes ⊠ No □
	If unsure about the status of your organisation or these legislative requirements be made with the Employment Screening Unit at the CEO – 9840-5600.	ts, contact should

### **TEACHING STAFF STOP HERE!**

#### **LCF APPROVAL**

LCF Excursion &	Leader of Learning/Learning Community Facilitator:				
Risk Assessment Approval	FACULTY:	PDHPE	LOL/LCF Name: Am	anda Saunders	s
			LOL/LCF Approved?	Yes 🔀	No 🔃

### **ASSISTANT PRINCIPAL APPROVAL**

AP: Excursion & Risk Assessment Approval	aloal	Assistant Principal - Alyssa Roach
	LCF Approved? Yes No ☐	

### **OFFICE STAFF ONLY**

#### 1. MOBILE PHONE EMERGENCY CONTACT NUMBER and BOOKING SETUP

a) Set document protection to OFF. Highlight the line below and press F9 function key.

The emergency mobile phone will be:

No Mobile Phone Required

(b) Set document protection to ON. To select the emergency contact phone number that will appear in the event information note to parents/caregivers, first check the Excursion Mobile Phone Register for phone availability and enter the excursion details in the register to complete the booking. Choose the booked phone number below.

The emergency phone number is: to be picked up from No phone required

# St John Paul II Catholic College

All correspondence to: 85 Hambledon Road, Schofields NSW 2762

EMAIL: stiohnpaul2@parra.catholic.edu.au WEBSITE: www.stiohnpaul2.catholic.edu.au



SCHOFIELDS CAMPUS Years 7 - 10 Ph: 9208 7200 Fax: 9208 7230

NIRIMBA CAMPUS Years 11 & 12 Ph: 9208 7200 Fax: 9208 7290

### **Excursion Information** Year 11 SLR 2Unit - Aquatics Unit of Study Commencing: Friday, 1 November 2019

31 November 2019

Dear Parents/Caregivers,

Following are the details of an event that has been approved by the College Leadership Team.

Please read the information listed below, discuss the details with your child and then if there are no questions or concerns please complete the Permission Slip/Medical Information Form and return it to Mr Layn Mellish no later than Friday, 1 November 2019.

**Organising Teacher:** 

Mr Layn Mellish

**Excursion Dates:** 

Commencing Friday 1 November and then every Friday during Term 4

Venue:

**Riverstone Swimming Centre** 

Market Street & West Garfield Road, Riverstone

Why students should attend:

This excursion is compulsory for Year 11 SLR students as they will be

conducting a practical assessment for their Aquatics Unit of Study.

The cost of the event is:

Entry Fee: \$4.50 - payable each week at the venue

**Departing & Return point:** 

Nirimba Campus

**Start & Finish times:** 

This activity will occur during normal timetabled SLR classtime.

Week A:

12.30pm - 2.15pm (Per5&6)

Week B:

10.30am-12.00pm (Per3&4)

**Transport details:** 

Bus

**Students are to wear:** 

Full College Summer Uniform

Other requirements:

Swimwear, sunscreen, hat, towel, water bottle

**Emergency contact details:** 

If Parents/Caregivers need to contact their child urgently please contact the

College on 9208 7200.



### PERMISSION / MEDICAL INFORMATION FORM

### Year 11 SLR 2Unit - Aquatics Unit of Study Commencing: Friday, 1 November 2019

(To be completed by Parent/Caregiver and returned to **Mr Layn Mellish** via the college office no later than **Friday, 1 November 2019**)

I give permission for my child	of Homeroom			
to attend the above excursion at Riverstone Swimming Centre, Market Street & West Garfield Road, Riverstone.				
Please tick necessary boxes:	,,			
<u> </u>	low and I have read and understand the information			
☐ I understand that students must wear full College S	port Uniform.			
Parent/Caregiver Signature:	Date:			
MEDICAL INFO	PRMATION			
Teachers Name: Mr Layn Mellish				
Student Name:	Homeroom:			
Address:				
Date of Birth:	Age at 2019 Birthday:			
Home Telephone Number:				
Parents/Caregivers Work Telephone Number:	Parents/Caregivers Mobile Number:			
Tarents/Caregivers Work Telephone Number.	Tarenes/Caregivers Proble Number.			
Emergency Contact Phone Number:				
Family Doctor Name:				
Family Doctor Phone Number:				
List of any medications your child will be taking on the	e day:			
Medicare Number: Private Health Fund:				
Pre-existing illness/medical condition/injury/allergies:				
☐ Can Swim 25 metres ☐ Cannot Swim 25 metres ☐ Cannot Swim at all				