**Sample Form 1 <Insert school name/logo here>**

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.

Use the align left, centre or right tabs on the tool bars to move your name and logo.

**1. EOTC Event Proposal, Approval and Intentions**

|  |  |
| --- | --- |
|  **Event Name:** |   |
| **Dates:** |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person in Charge:** |  | **Student group:** |   | **No. of Students:** |   |
| **Activity outline, learning objectives and other benefits:** | **Assessment based Standards:**  | **Co-curricular:** |
|  |  |  |
| **Event location/venue:** | **Budget:** |
|  | **Student cost:** |
| **Funding:** |
| **Pre site visit completed: Yes/ No** | **Date:**  |
| **External Providers: Yes/No**  | **Details:** |
| **Accommodation:** | **Transport method:** |
|  |  |
|
| **Emergency Communication:** | **Times:** |
| **Type to be used:****Numbers:****Person in charge** **Principal****Provider**  | **Meet:** |
| **Depart:** |
| **Return:** |
| **Raise Alarm time:** |
| **On-call Contact person:****Name:** | **Phone number (s):** |

**Use this first page as an Intentions Form – to be left with the Office &/or On Call Person**

|  |
| --- |
| **Trip Management Category** (circle/highlight) |
| **Assessment of Risk** | **Low** | **High** | **Overnight** |
| Routine and expected activities and environments* School grounds
* Supervised local visits
 | Where risk exposure is greater than what would typically be the case at school* Adventurous activities
* Hazardous environments
 | Including residential and overseas trips. |
| Significant risks identified:     |

|  |
| --- |
| **Proposed Staffing:** |
| **Name** | **Responsibility or role** | **Qualifications/ experience** | **Relief required** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

**INITIAL APPROVAL**

**HOD** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EOTC Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  **NOTES** |
|  |

**SEE BELOW FOR ACTIONS TO NOW COMPLETE BASED ON LEVEL OF RISK**

 **Task Checklist to complete based on Level of Risk**

|  |  |  |
| --- | --- | --- |
| **Low Risk** | **High Risk** | **Overnight** |
| ❑ Activity Proposal ❑ HOD Approval❑ EOTC Coordinator Approval  | ❑ Activity Proposal❑ HOD Approval❑ EOTC Coordinator Approval | ❑ Activity Proposal❑ HOD Approval❑ EOTC Coordinator Approval ❑ Principal/BOT Approval |
| ❑ Staffing allocated, supervision structure❑ Blanket consent | ❑ Staffing allocated, supervision structure❑ Parental Notification and consent❑ Specific Risk disclosure | ❑ Staffing allocated, supervision structure❑ Parental Notification and consent❑ Specific Risk disclosure |
| May include but not limited to:❑ Student medical lists❑ Emergency contact information❑ Risk assessment❑ Emergency communication plan | May include but not limited to: ❑ Student medical list❑ Emergency contact information❑ Risk assessment❑ Transport plan❑ Site plan and information ❑ Emergency communication plan | May include but not limited to: ❑ Student medical list❑ Emergency contact information❑ Risk assessment❑ Transport plan❑ Site plan and information ❑ Emergency communication plan |

 **FINAL APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Date | Signed |
| Approved By |  |  |  |

|  |
| --- |
| **NOTES** |
|  |