



APPLICATION TO CONDUCT AN INCURSION – EXCURSION – CAMP – TOUR

CASES D #

This form is to be completed in the following timeframes:
Day Excursion or Incursion – 3 weeks prior to excursion where possible.
Overnight and/or Adventure Excursion – 6 weeks prior to excursion.

| | |
|--------------------------------------|----|
| Final cost per student: | \$ |
| Consent & payment due by: | |

SECTION 1: EVENT OVERVIEW

| | | | | | | | | |
|---|-----------------------------------|------------------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------|--------------------------|-------------|
| Type Of Event | <input type="checkbox"/> | INCURSION | <input type="checkbox"/> | EXCURSION | <input type="checkbox"/> | CAMP | <input type="checkbox"/> | TOUR |
| Event Name | | | | | | | | |
| Location / Venue | | | | | | | | |
| Teacher making Application (TIC) | | | | | | | | |
| Emergency Contact Phone Number | | | | | | | | |
| Proposed date | Departure DATE & TIME: | | | | Return DATE & TIME: | | | |
| | | | | | | | | |
| Student Information | Year Level(s)/Subject | Number of Students invited: | | List of Student Names ATTACHED | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| | | | | | | | | |
| Are students required to wear uniform? | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | | | | |
| Attending staff who are First Aid trained? | | | | | | | | |
| Parent helpers attending? | | | | | | | | |
| Special instructions for permission forms? Eg What to bring etc. | | | | | | | | |

TRAVEL METHOD

Please tick all that apply:

| <input type="checkbox"/> Bus | Bus type | Driver name | Need to hire driver? | Trailer needed? (type) |
|-------------------------------------|--|-------------|--------------------------|--------------------------|
| <input type="checkbox"/> | 12-passenger bus (plus driver, school-owned) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 13-passenger bus (plus driver, school-owned) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 28-passenger bus (plus driver, hired) | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Large coach | | <input type="checkbox"/> | <input type="checkbox"/> |

- Car - Staff members in car only
- Car - Staff member transporting students
- Train/ tram (public transport)
- Walking
- Other: _____



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SECTION 2: PRE-APPROVAL CHECKLIST (ALL EVENTS)

| Please complete the following tasks in order (tick as completed) | Date | Yes |
|---|------|--------------------------|
| 1. Discuss event with Daily Organiser – SAM WELKER | | <input type="checkbox"/> |
| 2. Please indicate if staff intend to claim Time in Lieu (this must be arranged before the event) Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ Name: <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ | | |
| 3. Discuss event with Principal (or Acting Principal) - BRIAN HUMPHRIES | | <input type="checkbox"/> |
| 4. Discuss event with Assistant Principal – SAM WELKER | | <input type="checkbox"/> |
| 5. Discuss event with Head of School either JNR or SNR (as appropriate) | | <input type="checkbox"/> |
| 6. Notify all staff of <i>proposed</i> event via DL email | | <input type="checkbox"/> |
| 7. Were all staff members happy to proceed? | | <input type="checkbox"/> |
| List any objectors: | | |
| 8. See Business Manager for costing (and complete Section 3 'Cost Estimates') | | <input type="checkbox"/> |
| 9. Will you be accruing time in lieu? (if 'Yes' see Business Manager for TIL form which must be completed) | | <input type="checkbox"/> |
| 10. Overnight and/or Adventure Activities – seek College Council approval (and complete Section 4 'Overnight And/Or Adventure Events') | | <input type="checkbox"/> |
| 11. Complete Section 6 'Risk Management Assessment' | | <input type="checkbox"/> |
| 12. Confirm and book any required transport for the event | | <input type="checkbox"/> |
| 13. Provide application to Office Staff to generate <i>Event in Compass</i> (SAL database, communicate with staff when live on Compass, setup in CASES21 and provide code to Business Manager for processing) | | <input type="checkbox"/> |
| 14. Notify all staff of <i>confirmed</i> excursion/incursion via DL email | | <input type="checkbox"/> |

SECTION 3: EVENT COST ESTIMATES - *MUST be signed-off by Business Manager*

| Expenses | Details | Amount \$ (GST-inc) |
|---|---------------------------|---------------------|
| Accommodation | Accom Name: | |
| | Contact Details: | |
| Food (meal costs) | | |
| Transport (College bus @ \$0.60/km) | | |
| Admissions (List name of venue/s requiring admission and cost per head) | | |
| Incidentals (List any that apply) | | |
| Income (Any applicable grants, donations etc) | Income From: | |
| Total costs | Total Expenses: | |
| | Less Total Income: | |
| | Total Cost: | |
| SUB-PROGRAM ALLOCATION (for Business Manager): | | |


SECTION 4: OVERNIGHT AND/OR ADVENTURE EVENTS

























| Details | |
|--|---|
| Adventure Activity | Please use checklist on next page. Activities that are automatically deemed as adventure activities are marked with a  symbol. If your planned activity is not listed, please add in 'Other' section |
| Staff Qualifications (List name and special qualifications of staff overseeing activities) | |
| External Instructors | Will external qualified instructors be provided for the activity? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| College Council Approval | College Council approval has been provided for the activity. <i>Note: College Council approval is required for all overnight and adventure activities</i> <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Accommodation & Other Booking | Accommodation and other bookings (eg tours, meals etc) have been made for this event. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Additional Resources | Additional resources such as a packing list, itinerary, medical form, external provider forms etc have been provided to office staff for families for this event. <input type="checkbox"/> YES <input type="checkbox"/> NO |

SECTION 5: APPROVALS

| Date School Council Approval Provided (where applicable): | | | |
|---|-----------------|---|--|
| Business Manager Approval | | Principal Approval | |
| Signature: (or type name to sign) | | Signature: (or type name to sign) | |
| Name: | Lauren Nicholls | Name: | Brian Humphries (or nominee if needed) |
| Date: | | Date: | |

SECTION 6: RISK AND EMERGENCY MANAGEMENT ASSESSMENT

ACTIVITIES INCLUDED: Please tick all that apply. Risks will automatically appear in Compass event. You can then review actions or tailor to your needs as required. The  symbol indicates an adventure activity, which needs College Council approval.

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Abseiling  | <input type="checkbox"/> | Sailing  |
| <input type="checkbox"/> | Bus travel (less than 100kms from AB) | <input type="checkbox"/> | Snow activities  |
| <input type="checkbox"/> | Bus travel (more than 100kms from AB) | <input type="checkbox"/> | Surfing and stand-up paddle boarding  |
| <input type="checkbox"/> | Camp food preparation (no cooking) | <input type="checkbox"/> | Swimming in indoor pool  |
| <input type="checkbox"/> | Camp food prep – cooking with gas | <input type="checkbox"/> | Swimming in outdoor pool  |
| <input type="checkbox"/> | Camp food prep – cooking with Trangias | <input type="checkbox"/> | Swimming in still water / lake  |
| <input type="checkbox"/> | Cycling – off road  | <input type="checkbox"/> | Swimming at water park  |
| <input type="checkbox"/> | Cycling – on road | <input type="checkbox"/> | Swimming or in ocean / moving water (i.e. river)  |
| <input type="checkbox"/> | Driving lessons for students  | <input type="checkbox"/> | Snorkelling in ocean  |
| <input type="checkbox"/> | Fishing  | <input type="checkbox"/> | Sport indoor |
| <input type="checkbox"/> | Kayak/canoe on still water  | <input type="checkbox"/> | Sport outdoor |
| <input type="checkbox"/> | Kayak/canoe on ocean/moving water  | <input type="checkbox"/> | Trampoline park (indoor) or fun park  |
| <input type="checkbox"/> | Orienteering  | <input type="checkbox"/> | Walking / hiking (over 5kms & under 20kms)  |
| <input type="checkbox"/> | Overnight camp (indoor)  | <input type="checkbox"/> | Walking hiking (over 20kms or multi-day hike)  |
| <input type="checkbox"/> | Overnight camp (outdoor)  | <input type="checkbox"/> | Waterskiing / wakeboarding  |
| <input type="checkbox"/> | Remote location (communication difficulties possible)  | <input type="checkbox"/> | 3 rd party engaged to hold activity |
| <input type="checkbox"/> | Rock wall climb (indoor) | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Rope climbing activities (outdoor)  | <input type="checkbox"/> | |

RISK MANAGEMENT MATRIX

Assess each of the following hazards and any others you think relevant and complete table below:

| | | |
|---|--------------------------------|--------------------------------|
| 1 Bushfires | 5 Missing Student | 9 Intruders |
| 2 Severe storms and flooding | 6 Medical Emergencies | 10 Internal fires and smoke |
| 3 Earthquake | 7 Incidents | 11 Snakes and other wildlife |
| 4 School Bus Accident or Vehicle Incident | 8 Aggressive student behaviour | 12 Other relevant to camp area |

| Risk Rating Matrix | | Consequence | | | | |
|--------------------|----------------|---------------|--------|----------|---------|---------|
| | | Insignificant | Minor | Moderate | Major | Severe |
| Likelihood | Almost Certain | Medium | High | Extreme | Extreme | Extreme |
| | Likely | Medium | Medium | High | Extreme | Extreme |
| | Possible | Low | Medium | Medium | High | Extreme |
| | Unlikely | Low | Low | Medium | Medium | High |
| | Rare | Low | Low | Low | Medium | Medium |

| Descriptor | Potential Event (use number from above) | Risk Management Strategies |
|------------|---|----------------------------|
| Extreme | | |
| | | |
| High | | |
| | | |
| Medium | | |
| | | |
| Low | | |
| | | |
| | | |

Emergency Services Phone Numbers and Locations (if not 000): Police non-urgent incident reporting hotline **131 444**

Doctor - Phone: _____ at _____

Hospital - Phone: _____ at _____

Other - Phone: _____ at _____

DET – Incident Support and Operations Centre **1800 126 126 (24 Hours)**