



# SUPA Club Details



Name of SUPA Club \_\_\_\_\_ Year \_\_\_\_\_

Club Venue: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

Club Leader/s: \_\_\_\_\_

Contact No/s: \_\_\_\_\_

Contact No/s during Club times: \_\_\_\_\_

Alternative contact person: \_\_\_\_\_ Phone No. \_\_\_\_\_

### When will the club meet?

Day \_\_\_\_\_ Time \_\_\_\_\_

Date of commencement \_\_\_\_\_

### Club Helpers

Name	Address	Phone	Email

### Your first aid arrangements

First Aid Coordinator: \_\_\_\_\_

Level of training: \_\_\_\_\_

Leaders with First Aid certification (state what level)

### Interchurch Council Details

Name of council/ministers association: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Risk Management

Use the following table to assess the risks at your base location and prepare strategies to minimise them (attach additional pages if required for your program).

Risks or Hazards	Preventative Strategies (during normal operation)	Emergency Strategies
1. Injury or misbehaviour due to unhelpful/inappropriate club environment	Negotiate with the school or management of the venue in regard to the most helpful environment/venue for the program	Obtain help from the school office, principal, first aid officer as appropriate at a school. Otherwise, apply first aid and contact emergency contacts as appropriate.
2.		
3.		
4.		
5.		
6.		

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## Emergency Phone Contacts (Dial 000 for emergency services)

***In a school, the first contact in relation to an emergency would be with the school office. The following are only relevant where a club runs external to a school.***

Police Station location: \_\_\_\_\_ Contact numbers: \_\_\_\_\_  
 Doctor's location: \_\_\_\_\_ Contact numbers: \_\_\_\_\_  
 Hospital location: \_\_\_\_\_ Contact numbers: \_\_\_\_\_  
 Other useful location(s): \_\_\_\_\_ Contact numbers: \_\_\_\_\_

Other useful phone numbers:

Medic Alert 08 8274 0361  
 Poisons Information 131 126

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## Safety & Care Checklist

### 1. Factors to consider in relation to Participation

- Yes  No Leaders have been briefed to ensure that participation in risk-oriented activities is voluntary for everyone.
- Yes  No Parent/caregiver permission has been obtained where required.
- Yes  No Leaders have been briefed to ensure sensitivity is shown in relation to issues of age, gender, ethnicity, family and medical conditions in preparation for and running of the program, and with regard to general conduct.
- Yes  No The team is aware of any children with special needs among students and have made provision for them where needed.

### 2. Factors to consider in relation to Leadership

- Yes  No All activities have a Team Member assigned to supervise them.
- Yes  No The program has an appropriate ratio of Team Members to participants for all activities.
- Yes  No The team members have adequate experience in the activities offered.
- Yes  No The team consists of people who are appropriate for their leadership role.

### 3. Factors to consider in relation to our Duty of Care

- Yes  No Procedures are in place to attempt to ensure adequate care at all times.
- Yes  No Specifically, group control mechanisms are in place to minimise the chance of somebody leaving the program for extended lengths of time unsupervised.
- Yes  No Thought has been given to the process of locating somebody who has been absent from the program for an extended length of time and leaders briefed.
- Yes  No I am aware of procedures in the event of an accident.
- Yes  No Consent has been obtained for risk-oriented activities from parents or caregivers.
- Yes  No The team has been appropriately briefed in relation to physical contact, disclosure of abuse and contact with participants outside the program.

### 4. Factors to consider in relation to Equipment and the Site

- Yes  No The site is suitable for the program.
- Yes  No The equipment is suitable for the program, and has been checked prior to use.
- Yes  No Where the equipment requires a person to have special knowledge or training, the person setting up and using the equipment has this knowledge or training.
- Yes  No Where permission is required for use of a venue, it has been obtained.

### 5. Factors to consider in relation to First Aid and Medical Care

- Yes  No Medical forms for all involved are completed appropriately and stored in a secure location in case they are required. (In school programs it may be the school who collects and records medical information.)
- Yes  No The amount of first aid equipment, type and condition of equipment and the required number of separate first aid kits has been considered and provided for.
- Yes  No Appropriate precautions are being taken to minimise health risks during the program.

### 6. Additional factors to consider

- Yes  No Team Members are aware that alcohol consumption or illegal substance use is not permitted on SU programs
- Yes  No Team Members are aware of the basics of SU's insurance arrangements.
- Yes  No All team members have been informed about what to do in the event that the Media wish to interview somebody in relation to your program.
- Yes  No The team is aware of emergency procedures.
- Yes  No Copies of all appropriate forms have been sent to SU.

## Checklist:

- SUPA Club Details Sheet completed correctly and submitted
- The Team Leader has a copy of the current Emergency Response Team contact information.
- An outline of the program has been submitted
- All team members are appointed SU volunteers. (Volunteer application forms, Police Check Consent Forms and Medical Forms received, team members interviewed and referees checked.)
- A weekly attendance record for participants is being kept by the SUPA Club Leader.

**For any further events beyond the normal operations of this group, a CSE2-SA “Activity Information Form” and a CSE2-SI “Activity Checklist” will need to be lodged with your Ministry Coordinator.**

*For office use only:*

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### **Checklist Reminder**

- Team Leader appointed.
- SUPA Club Details Sheet completed correctly and submitted.
- All team members are appointed SU volunteers.
- The Team Leader has a copy of the current Emergency Response Team contact information.

#### *Office Use:*

Date Application Received:

Date Application Processed:

Outcome:  Permission Granted—Permission Certificate issued on:

Permission withheld or pending—Reason:

Date:

Name of authorising person:

Signature of authorising person: \_\_\_\_\_

*This Sheet fulfils all necessary requirements of Forms CSE2-RM and CSE2-SS of ChildSafe.*