



Please return to SU when packing or picking up COP boxes.

| Term / Year: | | | |
|---------------------|-------------------------------------|-----------------|---------|
| School: | | | |
| School Address: | | | |
| School Phone: | | | |
| Principal: | | | |
| Team Leader/s/Co | oordinator: | | |
| Contact No/s: | | | |
| Alternative contact | Iternative contact person: Phone No | | one No |
| | | | |
| Year level | Program | No. of students | Teacher |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| Days / Dates of pr | ogram: | | |
| | | | |
| | | | |

The Team

| Name | Address | Phone | Email |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |
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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 |
|--|--|---|
| Injury or misbehaviour due to unhelpful/ inappropriate classroom environment | Negotiate with the school in regard to the most helpful environment/venue for the program | Obtain help from the class teacher, school office, principal, first aid officer as appropriate |
| Behavioural problems and no teacher supervision | Inform the school of the importance of the presence of the class teacher, and ensure adequate communication with parents, teachers and students in regard to the program | Obtain help from the school office, senior staff or principal as appropriate |
| 3. Accident or incident due to isolation of small group | Make sure team members are aware of the risks involved in taking their small group(s) away from the main group | Alert the team leader. Ensure appropriate group supervision while a team member obtains help from the school office, first aid officer, class teacher and/or principal as appropriate |
| 4. | | |
| 5. | | |
| 6. | | |

| School Emergency Contac | t: |
|-------------------------|----|
|-------------------------|----|

Location:

Safety Checklist

| 1. Factors to c | onsider in relation to Participation |
|-------------------|---|
| ☐Yes ☐No | Leaders have been / will be briefed to ensure that participation in risk-oriented |
| | activities is voluntary for everyone. |
| ☐Yes ☐No | Leaders have been / will be briefed to ensure sensitivity is shown in relation to |
| | issues of gender, ethnicity, family and medical conditions. |
| □Yes □No | If there is a broad range of ages, the program has been / will be prepared to |
| | ensure all may participate. |
| □Yes □No | The team is / will be aware of any children with special needs among students |
| | and have made provision for them where needed. |
| | |
| | onsider in relation to Leadership |
| ∐Yes ∐No | All activities have / will have a Team Member assigned to supervise them. |
| ☐Yes ☐No | The program has an appropriate ratio of Team Members to participants. |
| ☐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 o | 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 | I am aware of procedures in the event of an accident. |
| ☐Yes ☐No | The team has been / will be appropriately briefed in relation to physical |
| | contact, disclosure of abuse and contact with participants outside the program. |
| | contact, disclosure of abuse and contact with participants outside the program. |
| 4. Factors to d | 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, is being used safely in the manner |
| | for which it was designed 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. |
| | |
| | consider in relation to First Aid and Medical Care |
| ∐Yes ∐No | Medical forms for all team members are completed appropriately and stored in |
| | a secure location in case they are required. |
| ∐Yes ∐No | Appropriate precautions are being taken to minimise health risks during the |
| | program. |
| C Additional f | factors to consider |
| · — · · · — · · · | |
| ∐Yes ∐No | Team Members are aware that alcohol consumption or illegal substance use is |
| | not permitted on SU programs Team Members are aware of the basics of SU's insurance arrangements |
| ∐Yes ∐No | Team Members are aware of the basics of SU's insurance arrangements. |
| | |
| | Media wish to interview somebody in relation to your program. |
| | |
| | The team is aware or emergency procedures. |
| ☐Yes ☐No | All team members have been informed about what to do in the event that the |
| ☐Yes ☐No | Copies of all appropriate forms have been sent to SU. |
| ☐Yes ☐No | The team is aware of emergency procedures. |
| | |

Interchurch Council Details Name of council/ministers association: Finance contact: Address: Phone: Checklist: COP Information Sheet completed correctly and submitted The Team Leader has a copy of the current Emergency Response Team contact information. All team members are appointed SU volunteers. (Volunteer application forms, Police Check Consent Forms and Medical Forms received, team members interviewed and referees checked.) NB: If there is personal equipment that you would like to be insured during this program, you need to lodge Form G6. For office use only: Term Planner Entry **Box Packed** Stats File Entry School File Entry Account Sent **Checklist Reminder** Team Leader appointed. COP Information 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: