**Principal Excursion Approval Form**

*Schools to edit as appropriate*

|  |  |
| --- | --- |
| School:  | Excursion Title: |
| Excursion Date/s, Time/s:  | Year level/s involved and total number of students:  |
| Location: |
| Teacher in Charge * Name: Phone Number:
 | Other School Staff: * Name: Phone Number:
 |
| Accompanying Adults* Name: Phone Number:
 | Overview of the excursion  |

*Schools must not edit*

|  |  |
| --- | --- |
| 1. Induction * Attach evidence of all Directorate staff having been inducted?
 | Yes |
| 2. Planning* Are the following attached and completed correctly?
	+ [Excursion Information for Parents](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-1-excursion-information-for-parents),
	+ [Excursion Permission Note for Parents,](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-2-excursion-permission-note-for-parents)
	+ [Medical Information Consent and Known Medical Condition Response Plan](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-3-medical-information-consent-and-known-medical-condition-response-plan)
	+ [Medical Information and consent,](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-4-medical-information-and-consent-form)
 | YesYesYesYes |
| 3. Travel - Attach the following as relevant;* For staff vehicles
	+ Staff licence, registration and insurance
	+ [Private Vehicle Application](https://index.ed.act.edu.au/sites/default/files/folders/BSO_Documentation/Motor_Vehicle_Forms/BSO-Use-of-Private-Vehicles-Application.doc)
	+ [Vehicle Running Sheet and Claim form](https://index.ed.act.edu.au/sites/default/files/folders/BSO_Documentation/Motor_Vehicle_Forms/BSO-Vehicle-Running-Sheet-and-Claim-Form.xls)
	+ [Vehicle Allowance Overview](https://index.ed.act.edu.au/sites/default/files/folders/BSO_Documentation/Motor_Vehicle_Forms/20160907-Vehicle-Allowance-Overview.pdf)
* For students
	+ Parent consent for both the driver and passengers in student vehicles when under the age of 18.

 * For private bus
	+ [Accredited Bus Operator](https://www.accesscanberra.act.gov.au/app/answers/detail/a_id/4843/session/L2F2LzEvdGltZS8xNTg5OTUwNDAxL2dlbi8xNTg5OTUwNDAxL3NpZC9mVWJWYzEwWlk5WkRaRk9qQ2glN0VJQUw1aVpsQ1kwZHBOQkRfMmpnUEU5WF9zeXlzQjR6dVRQSExKQ3llNk9UaHFvdTh5aXRtUmVPRzdJY2NxZlBEcmt2T0NBVWxZTTViM3dmYU96RVg3cmhHZ3E5b0RpVTNlR19RQSUyMSUyMQ%3D%3D)
* For Taxi and Ride Sharing
	+ Authorisation included in permission note
	+ Evidence of industry standard compliance
	+ Documented in risk management
* For remote excursions
	+ Record satellite phone number
	+ Record PLB expiry date
 | Yes/NAYes/NAYes/NAYes/NAYes/NAYes/NAYes/NAYes/NAYes/NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NA |
| 4. Environment * Are environmental procedures reflected in the risk assessment?
 | Yes |
| 5. Duty of Care* First aid officer’s certification attached
 | Yes  |
| 6. Risk Management * [Risk Assessment](https://index.ed.act.edu.au/governance/risk-management.html) attached
 | Yes |
| 7. Identify if there are any financial requirements* [Excursion Acquittal Worksheet](https://index.ed.act.edu.au/school-services/files-ss/excel/Excursion-Aquittal-Worksheet.xlsx) attached
 | Yes/NA (if NA go to section 8)Yes/NA |
| 8. Identify if there are any Accompanying Adults or External Provider requirements* All Accompanying Adults must have
* [*Medical Information and consent*](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-4-medical-information-and-consent-form)[*form*](https://www.education.act.gov.au/publications_and_policies/implementation-documents/school-and-corporate-policies/school-activities/excursions/excursions-policy/attachment-4-medical-information-and-consent-form)
* [Volunteers Nomination form.](https://www.education.act.gov.au/__data/assets/word_doc/0006/810168/Working-With-Children-and-Young-People-Volunteers-Nomination-Form.docx)
* External Providers
	+ A certificate of Currency
	+ Evidence demonstrating compliance with [*Working with Vulnerable People*](https://www.legislation.act.gov.au/View/a/2011-44/current/PDF/2011-44.PDF)*.*
		- Attach WWVP card or equivalent.
	+ Risk assessment when available.
	+ Evidence of compliance with any relevant qualification requirements to meet Policy and Procedures as applicable.
		- Attach as relevant
 | Yes/NA (if NA go to section 9)Yes/NAYes/NAYes/Other ACT Government provider/NAYes/NAYes/NAYes/NA |
| 9. Identify if there is any Interstate Travel involved* Is interstate travel reflected in risk assessment and excursion permission note for parents?
 | Yes/NA (if NA go to section 10)Yes/NA |
| 10. Identify if there is any Accommodation involved* Is accommodation reflected in risk assessment and excursion permission note for parents?
 | Yes/NA (if NA go to section 11)Yes/NA |
| 11. Identify if any physical activities or Swimming and Water Park Aquatic activities are involved * Physical Activities – list all Physical Activities with Additional Procedures.
	+ Attach leaders’ qualifications where applicable.
	+ Attach contact physical activities approval checklist.
	+ Is this activity reflected in the risk assessment and excursion permission note for parents?
* [Swimming and Water Park Aquatic Activities Policy](https://www.education.act.gov.au/publications_and_policies/School-and-Corporate-Policies/school-activities/swimming-and-water-based-activities/swimming-water-park-aquatic-policy/swimming-and-water-park-aquatic-activities-policy)
	+ Identify if any swimming and water park activities are being facilitated on the excursion.
	+ Identify the Aquatic activities coordinator.
	+ Identify the Royal Life Saving 5 Star Aquatic Facility
	+ Is this activity reflected in the risk assessment and excursion permission note for parents?
 | Yes/NA (if NA go to sign off)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes/NAYes/NAYes/NAYes/NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NAYes/NA |

Teacher in Charge Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved/Not Approved (please circle)**

Principal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_