**Principal Excursion Approval Form**

*Schools to edit as appropriate*

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| --- | --- |
| 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) | Yes  Yes  Yes  Yes |
| 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/NA  Yes/NA  Yes/NA  Yes/NA  Yes/NA  Yes/NA  Yes/NA  Yes/NA  Yes/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/NA  Yes/NA  Yes/Other ACT Government provider/NA  Yes/NA  Yes/NA  Yes/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/NA  Yes/NA  Yes/NA  Yes/NA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NA  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or NA  Yes/NA |

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

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

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