**Appendix B. TEMPLATE LEISURE ACTIVITY PLANNING FORM**

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| **College:** |  |
| **Name of leisure activity:** |  |
| **Where:**  *(include Traditional place name where possible)* |  |
| **Departure date:** |  |
| **Time of activities:** |  |
| **Return date:** |  |
| **Leader of activities:** |  |
| **Documents attached or held on file:** | List of supervisory team |
| Names, addresses and contact details of students,  supervisors, and parents/emergency contacts |
| Up-to-date student health care plans and information |
| Parent consent forms |
| Detailed itinerary and accommodation details |
| Additional documents (please list): |
| **Activities include:** |  |
| Notes   * All sections are to be completed. * Check the box when the section has been satisfactorily completed, or enter ‘n/a’ if the section does not apply. * It is acknowledged that the supervisory team and participant list will change for recurring activities. Enter ‘n/a – variable’ in this case. | |

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| **1. LEISURE ACTIVITY** | | |
| Details: *Describe the leisure activity in detail.* | | |
| **2. DOCUMENTED RISK ASSESSMENT** | | |
| * A documented risk assessment is complete and signed by college manager / residential manager | |  |
| Details: *You can embed the documented risk assessment or attach to this form.* | | |
| **3. STUDENTS’ CAPACITY** | | |
| * All participating students have the capacity to undertake the activities. | |  |
| * Provision for any student with special needs. | |  |
| * Up to date student health care information maintained. | |  |
| * Any cultural safety concerns have been considered and addressed | |  |
| Details: *Describe the students’ capacity and capabilities to safely participate in the leisure activity. Are there any additional risks to be considered?* | | |
| **4. SUPERVISION** | | |
| * A suitable supervisory team established, including supervision strategies and a system for identifying participants. | |  |
| Details: *List the intended supervisors presiding over the leisure activity and their qualifications; your supervision strategies; and how students will be monitored.* | | |
| **5. COMMUNICATION STRATEGY** | | |
| * An appropriate communication strategy established and communicated to everyone attending the activities. | |  |
| Details: *Describe how supervisors will maintain communication channels with students throughout the leisure activity.* | | |
| **6. BRIEFING STUDENTS AND SUPERVISORS** | | |
| * All relevant information about respective responsibilities and obligations communicated to students and supervisors. | |  |
| Details: *Describe how expectations about behaviour, responsibility, cultural awareness, and respect will be communicated and maintained.* | | |
| **7. TRANSPORT ARRANGEMENTS** | | |
| * Arrangements for the safe transport of participants | |  |
| Details: *Describe transport arrangements before, during and after the leisure activity, including hire buses where applicable.* | | |
| **8. VENUE/SITE FOR THE ACTIVITIES** | | |
| * The venue or site for the activities is suitable and appropriate. | |  |
| Details: *List the venue/s for the activities, detailing why it is considered appropriate.* | | |
| **9. EXTERNAL PROVIDERS** | | |
| * A suitable external provider has been engaged and staff responsibilities established. | |  |
| * External providers have a minimum $20 million public liability insurance cover, and a copy of the Certificate of Currency is attached to this form. | |  |
| * No waivers have been or will be signed, that absolve venues/external providers from liability. | |  |
| * Approvals obtained, if applicable (e.g. camping permit, registration forms). | |  |
| Details: *List all external providers and detail why they are considered suitable. Outline how you are satisfied they are compliant with WWCC requirements.* | | |
| **10. ACCOMMODATION** | | |
| * Safe and secure accommodation arrangements made | |  |
| Details: *Where the leisure activity includes an overnight stay, describe in detail the accommodation arrangements and how they have been deemed safe and suitable.* | | |
| **11. EMERGENCY RESPONSE PLANNING** | | |
| * Emergency response plan developed. | |  |
| * The college manager / residential manager has a list of the names of participating students, contact telephone numbers, student medical information and relevant health information of supervisors. | |  |
| Details: *Describe your emergency response planning, considering different emergency scenarios. Link with your risk assessment and college Incident Management Plan.* | | |
| **12. DETAILED COST** | | |
| * The activities are properly costed. | |  |
| Details: *Outline all costs, for example, venue entry, equipment hire, transport. Include how much students will be required to contribute. Note that meals are part of the service provided by colleges, so students should not be required to pay for meals.* | | |
| **13. INFORMATION TO PARENTS FOR THEIR CONSENT** | | |
| * Parents provided with full details of the activities to allow for signed informed consent. | |  |
| * Student participation is subject to receipt of the signed consent form. | |  |
| * Consent/Agreement forms appropriately stored. | |  |
| Details: *Complete the informed consent form (annual or single use) and attach for review and approval.* | | |
| **14. AUTHORISATION** | | |
| ***Leader of Activity: \_*** | ***Date:*** | |
| I confirm that all sections of this form have been completed and the leisure activities outlined meet the requirements of the Leisure Activities in Residential Facilities Procedures.  I authorise the proposed leisure activities to be considered for preparation and approval. | | |
| ***College manager/Residential manager:*** | ***Date:*** | |
| As this leisure activity has been assessed as medium risk, I authorise the proposed leisure activities being considered for approval. | | |
| ***Manager Residential Colleges/Principal:*** | ***Date:*** | |