**XXXXXXXXXX PRIMARY SCHOOL**

**BOARD OF TRUSTEES**



**CHINA TRIP**

**SEPTEMBER 2015**

**EDUCATION OUTSIDE THE CLASSROOM**

**2015 China Trip**

**EVENT PROPOSAL**

|  |  |
| --- | --- |
| Class: |  |
|  |  |
| Teacher in Charge (TIC): |  |

The TIC should complete this form at the outset of planning for the EOTC activity. The TIC should already have received approval in principle for the proposed activity.

When approval is given, one copy of this form should be retained by the principal and board of trustees’ chairperson and another by the TIC. The principal and board should be informed of any subsequent changes in planning, organisation and/or staffing.

**1. Purpose of EOTC event.**

|  |
| --- |
|  |

**2. Specific educational objectives and curriculum links.**

|  |
| --- |
|  |

**3. Site/s where event will take place.**

|  |
| --- |
|  |

**4. Dates and times.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of departure |  | Date of return |  |
|  |  |  |  |
| Time |  | Time |  |

**5. Transport arrangements.**

|  |
| --- |
|  |

**6. Details of outside provider/s to be used in the EOTC activities (if any).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company |  |  | Company |  |
|  |  |  |  |  |
| Address |  |  | Address |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Phone |  |  | Phone |  |
|  |  |  |  |  |
| Manager |  |  | Manager |  |

**7. Proposed cost and financial arrangements.**

|  |
| --- |
|  |

**8. Details of programmed activities.**

|  |
| --- |
|  |

**9. Details of any hazardous activity and the associated planning, organisation and staffing.**

(Please attach RAMS or SAP form/s).

|  |
| --- |
|  |

**10. Names, relevant experience, qualifications and specific responsibilities of** *staff***accompanying the party.**

|  |
| --- |
|  |

**11. Names, relevant experience, qualifications and specific responsibilities of** *other adults* **accompanying the party.**

|  |
| --- |
|  |

**12. Name, address and telephone number of the school contact person who holds all information about the EOTC event in case of emergency.**

|  |
| --- |
|  |
|  |
|  |

**13. Existing knowledge of EOTC event site and whether a pre-visit is intended.**

|  |
| --- |
|  |

**14. Size and composition of the group.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age range  |  |  |  |  |
|  |  |  |  |  |
| Number of boys |  |  | Number of girls |  |
|  |  |  |  |  |
| Adult to student ratio |  |  | Leader to participant ratio |  |  |

**15. Information on parental consent:**

Consent may precede or follow approval. Please attach copy of information being sent to parents and the parental consent form.

**16. Names and brief details of students with special educational or medical needs.**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Teacher in charge:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  |  **Date** |  |

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**EVENT APPROVAL FROM BOARD AND PRINCIPAL**

**To be completed by the Principal and Board of Trustees Chairperson**

To the teacher in charge:

 Tick

We have studied this application and are satisfied with all aspects including the planning, organisation and staffing of the EOTC event. Approval is given.

Please ensure that we have all relevant information including: a final list of students; staff and volunteers; details of parental consent; and a detailed itinerary (including maps) at least seven days before the group is due to leave.

NB: A copy of the Incident Report Form must be completed in the event of a serious accident/injury.

|  |  |  |  |
| --- | --- | --- | --- |
| Senior Leadership / Principal’s name |  |  |  |
|  |  |  |  |
| Signed |  | Date |  |
|  |  |  |  |
| Board of trustees chairperson’s name |  |  |  |
| *(If necessary, e.g. trips of more than one day duration)* |  |  |  |
| Signed |  | Date |  |

A copy of the completed application for approval and details of any subsequent changes should be retained by the Principal / Board.

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**AGREEMENT BETWEEN SCHOOL AND OUTSIDE PROVIDER**

This is an agreement between:

|  |
| --- |
|  |

**AND**

|  |
| --- |
|  |
| For provision of the following services: |

The provider will take all practicable steps to ensure the health and safety of the school students and staff attending this event (Health and Safety in Employment Act 1992, Section 1.1., 1.2.1 and 1.2.2).

**Provider responsibilities – provide the school with the following:**

|  |  |
| --- | --- |
|  | How the expected learning outcomes of the activity/ies will be met. |
|  |  |
|  | A summary of experienced staff to student ratios required for each activity |
|  |  |
|  | Student supervision policies that the school must comply with. |
|  |  |
|  | Safety management plans and policies, for example RAMS and SAP for each activity. |
|  |  |
|  | Staff profiles that include relevant qualifications/experience. |
|  |  |
|  | Details of facilities and equipment to be provided.  |
|  |  |
|  | A written quote for the equipment and services to be provided.  |
|  |  |
|  | A learning environment that is safe for the students and meets the stated educational outcomes. |
|  |  |
|  | A list of equipment and clothing required by students for the activities. |
|  |  |
|  | The preparation required by students to participate safely in the activities. |

**School responsibilities – provide the provider with the following:**

|  |  |
| --- | --- |
|  | The intended learning outcomes that are based on the achievement objectives in the relevant curriculum areas. |
|  |  |
|  | Opportunity to be involved in planning, implementation and evaluation stages of event. |
|  |  |
|  | Name and contact numbers of the liaison person for this event. |
|  |  |
|  | Adequate staff and supervisors to meet best practice requirements. |
|  |  |
|  | Details of facilities and equipment supplied by the school (if applicable) |
|  |  |
|  | Health and behavioural profiles of the students involved in the event. |
|  |  |
|  | Copy of student contract. |
|  |  |
|  | Adequately prepared and equipped students (gear checked). |
|  |  |
|  | Appropriate support for students with special needs. |

**The school or provider reserves the right to withdraw any or all participants from the event if safety is compromised.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **(School) Date:** |  |
|  |  |  |  |
| **Name:** |  |  |  |
|  |  |  |  |
| **Signed:** |  | **(Provider) Date:** |  |
|  |  |  |  |
| **Name:** |  |  |  |
|  |  |  |  |
| **NB** The school requires that a male and female staff member or volunteer helper must be available at all times for overnight supervision if the event includes both male and female students.The school requires that a minimum of two staff members or approved volunteers be on site at all times. |

**SUMMARY OF SUPERVISORS**

***School* *staff*** attending EOTC event and relevant experience:

|  |  |
| --- | --- |
| *Name* | *Required Experience**(Meets best practice requirements)* |
|  |  |
|  |  |

***Provider* *staff*** attending EOTC event and relevant experience:

|  |  |
| --- | --- |
| *Name* | *Required Experience**(Meets best practice requirements)* |
|  |  |
|  |  |

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**RISK ASSESSMENT CHECKLIST FACTORS TO CONSIDER**

**FOR PHYSICAL AND EMOTIONAL SAFETY**

|  |  |  |
| --- | --- | --- |
| **People** | **Resources and equipment** | **Environment** |
| * Who? Age? How many?
* Students/Staff/Adults/Volunteer helpers/outside providers
* Ratios
* Cultural safety
* Physical size/shape
* Fitness
* Anxieties/feelings
* Motivation
* Student needs

(Educational, medical, language abilities, cultural, behaviour, physical disability* Social and psychological factors

(homesickness, risk shift, dropping your guard)* Unsafe act/s by participants
* Error/s of judgement by teacher/instructor
 | * Information to Parents
* Plans and systems
* Clothing and footwear
* Food and drink
* Transport
* Toilets
* Safe drinking water
* First-aid kit and knowledge
* Special equipment
* Cameras
* Equipment maintenance,

quantity, quality* Safety equipment
* Are sleeping arrangements/ facilities culturally appropriate?
 | * Weather

(forecast, sun, rain, wind, snow, temperature, season)* Terrain

(Where? What? Familiar? Unfamiliar? Bush, mountain, sea, river, beach)* Accessibility to help
* Telephone
* Doctor
* Emergency services
* Security
* Animals / insects
* Road use/traffic density
* Human created environments
* Is the site tapu?
* Consent and information from landowner/local iwi
 |

**STEPS TO FOLLOW WHEN ASSESSING RISKS**

|  |
| --- |
| Identify the risks (losses or damage) that could result from the activity.* Physical injury
* Social/psychological
* Material (gear or equipment)
* Programme interruption
 |
| List the factors that could lead to each risk/loss* People
* Equipment
* Environment
 |
| Think of strategies that could reduce the chances of each factor leading to the risk/loss* Eliminate if possible
* Isolate if can’t eliminate
* Minimise if can’t isolate
* cancel if can’t minimise
 |
| Make an emergency plan to manage each identified risk/loss* Step by step management
* Equipment/resources required
 |
| Continual monitoring of safety during the activity* Assess new risks
* Manage new risks
* Adapt plans
 |

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**COMMUNICATION LINES DURING A SERIOUS INCIDENT**

**ON AN EOTC EVENT**

The teacher in charge of the EOTC event or other delegated person will:

* contact emergency services if necessary;
* as soon as practicable, phone the principal or other delegated person.

The principal (or other designated person) will contact the

* board of trustees chairperson;
* parents/caregivers of the student/s involved;
* school media contact person (if other than the principal);
* support services for victims and others that were present when the incident occurred (for example, victim support, counsellor/s, Group Special Education – Ministry of Education).

It is very important for a school to have this procedure clearly outlined.

Teacher in charge of EOTC event to contact:

Emergency services

Principal or delegated person

Support services

Media contact person

Parent/s

Caregivers

Board of Trustee’s Chairperson

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**INCIDENT REPORT SHEET**

***This sheet can also be used for OSH reports***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation: |  | Incident Number: |  |  |  |
|  |  |  |  |
| Accident |  | or near accident |  | or incident |  |  |
|  |  |  |  |
| Injury |  | Death |  | illness |  | Equipment damage |  |
|  |  |  |  |
| Location |  | Date |  | Time of Day |  |
|  |  |  |  |
| Days Lost? | (Y/N) |  |  | How Many |  | E = ended course participation |

**Weather**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Temperature |  | Clouds  |  | Precipitation |  | Visibility |  | Wind |

**Type of injury/illness:** (Indicate in the box with an “X”)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Abrasion |  | Fatigue |  | Cold injury |  | Asthma |  | Urinary |
|  |  |  |  |  |  |  |  |  |  |
|  | Burn |  | Puncture |  | Hypothermia |  | Infection |  | Fever/flu |
|  |  |  |  |  |  |  |  |  |  |
|  | Concussion |  | Sprain |  | Hyperthermia |  | Allergy |  | Dermatitis |
|  |  |  |  |  |  |  |  |  |  |
|  | Bruising |  | Strain |  | Gastrointestinal |  | Cardiac |  | Other: |
|  |  |  |  |  |  |  |  |  |  |
|  | Laceration/Cuts |  | Fatigue |  | Respiratory |  | Menstrual |  |  |

**Activity being taken at the time** (Indicate in the grey box with an “X”)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Camping |  | Abseiling |  | Rafting |  | Caving |  | Other: |
|  |  |  |  |  |  |  |  |  | please  |
|  | Canoeing |  | Cooking |  | Ropes course |  | Skiing |  | specify: |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Kayaking |  | Cycling |  | Initiatives |  | Solo |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Rock climbing |  | Tramping |  | Swimming |  | Vehicle |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Mountaineering |  | Running |  | Sailing |  | Service project |  |  |  |

**Person in charge:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
|  |  |  |  |
| Age: |  | Gender (M/F) |  |

**Person involved in incident:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  |  |  |  |
|  |  |  |  |  |  |
| Address  |  |  |  |  |  |
|  |  |  |  |  |  |
| Age: |  |  | Phone/Contact No. |  | Gender (M/F): |  |

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**INCIDENT REPORT SHEET CONT.**

**Narrative:** (describe what you believe happened).

|  |  |
| --- | --- |
| Date / Time | Event |
|  |  |

***Privacy***

*Information collected on this form is for the purposes of:*

* identifying incident trends;
* informing safety management policy; and
* improving safety management procedures.

Details will be kept confidential to school management and Ministry staff responsible for EOTC. Schools and individuals will not be identified in any data analysis reports.