

## Attachment 2: Excursion Request Form

Submit this form to the Area Manager, Centre Director at least 4 weeks prior to the proposed excursion.

The Area Manager, Centre Director will retain the original and return a copy to the educator making the request.

NOTE: Parents must not be notified of the excursion until approval has been granted.

Name of centre			
Proposed excursion and destination			
Have you visited the excursion site previously?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you identified any hazards & developed an action plan to reduce these? If yes, attach the action plan.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, when will the risk assessment be completed? If water activities are proposed use the Water Risk Assessment template. (note final approval will be withheld until the risk assessment and action plan are complete)		Click here to enter a date.	
Proposed date of excursion	Group 1	Click here to enter a date.	
	Group 2	Click here to enter a date.	
Child to adult ratio	Choose ratio.	Cost per child	Select Cost
How do you propose to achieve this ratio?			
Mode of transport	Choose mode.		
Transport company			
Contact details of transport company			
Departure time from centre/premises			
Group 1	Select Time	Group 2	Select Time
Approximate arrival time at destination			
Group 1	Select Time	Group 2	Select Time
Approximate departure time from destination			
Group 1	Select Time	Group 2	Select Time
Approximate return time			
Group 1	Select Time	Group 2	Select Time
Mobile phone contact number for excursion			

Are children enrolled at the service but not participating on that day?		Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Total number of children attending			
Group 1	Select Here	Group 2	Select Here
What is the aim of the proposed excursion? (Including how this excursion compliments and enhances the program and why it is necessary or desirable to achieve this by use of an excursion).			
Please write details of any change to contact time or staff working hours			
Draft of letter and permission slip to parents attached?		Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Risk Management Plan attached?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>	

<b>Staff Member/ Educator Making the Request</b>	
Name	
Signature	
Date:	Click here to enter a date.
<b>Centre Director/Nominated Supervisor</b>	
Name	
Signature	
Date:	Click here to enter a date.
<b>Area Manager Approval</b>	
Name	
Signature	
Date:	Click here to enter a date.
Approved <input checked="" type="checkbox"/>	Not Approved <input checked="" type="checkbox"/>
If not approved, provide reasons why below	