

## RISK ASSESSMENT 2023

<b>DESTINATION, STRUCTURE OR ACTIVITY:</b>			<b>RISK ASSESSMENT NUMBER:</b>		
<p><b>Risk Assessment [ ]</b> – Activities that <b>do not include</b> or involve adventurous play, stairs, water, or structures with a fall height over 60cm.</p> <p><b>Benefit Risk Assessment [ ]</b> – Activities that <b>include</b> or involve adventurous play, stairs, water, or structures with a fall height over 60cm.</p>					
<p><b>Relevant Regulations</b> Children (Education and Care Services National Law Application) Act 2010: Section 167 Education and Care Services National Regulations: Regulation 100, 101, 102, 102A, 102B, 102C, 102D, 168</p>					
<p><b>Important Information</b> A risk assessment must be carried out before permission is sought. The risk assessment must identify and assess hazards that may pose a risk to the safety, health or wellbeing of any child being taken on the excursion, and detail strategies for minimising and managing those risks. Written authorisation from a parent, guardian or authorised person must be obtained prior to an excursion.</p>					
EXCURSION DETAILS					
Date Completed		Destination Address			
Time & Duration			Routine or Non-Routine		
Proposed Activities					
Educator Name			Contact Number		
Number of Children		Number of Adults		Educator to Child Ratio	
How does this excursion or experience relate to your educational program?					
<b>If Benefit Risk Assessment, list the risk and benefits</b>	<b>Risks (must be discussed in risk assessment)</b>		<b>Benefits</b>		

<b>TRANSPORT</b> <i>(only fill this section out if you are transporting children)</i>	[ ] Section not applicable
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Estimated time of travel between locations	
Pick up Location <i>(where children embark vehicle)</i>	
Proposed Route	
Means of transport <i>(e.g. car, bus, walking)</i>	
Expiry date of Car Restraints Certificate <i>(Car restraint certificates expire after 12 months)</i>	
Expiry date of Car Registration Certificate	
Any water hazards on proposed route? <i>(e.g. bridge, cause way, risk of flooding, lake, dam)</i>	
How will you exit & return to your service?	
How will you enter & exit the destination?	
How will you embark and disembark the means of transport and how will each child be accounted for?	

<b>EXCURSION CHECKLIST</b>		
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First Aid Kit	List of adults participating in the excursion	Medical information for each child
List of children attending the excursion	Mobile Phone	Contact information for each child
Other items (please list):		

<b>Risk Assessment (Ensure hazards are accounted for from when you walk out the door until you return)</b>						
<b>HAZARD</b>	<b>Possible Outcomes</b>	<b>Matrix Rating</b>	<b>Elimination/Control Measures</b>	<b>Matrix Rating</b>	<b>Who</b>	<b>When</b>

<b>Risk Assessment (Ensure hazards are accounted for from when you walk out the door until you return)</b>						
<b>HAZARD</b>	<b>Possible Outcomes</b>	<b>Matrix Rating</b>	<b>Elimination/Control Measures</b>	<b>Matrix Rating</b>	<b>Who</b>	<b>When</b>

RISK MATRIX						
<b>LIKELIHOOD</b>	<b>CONSEQUENCE</b>					
		<i>INSIGNIFICANT</i>	<i>MINOR</i>	<i>MODERATE</i>	<i>MAJOR</i>	<i>CATASTROPHIC</i>
	ALMOST CERTAIN	Moderate	High	High	Extreme	Extreme
	LIKELY	Moderate	Moderate	High	Extreme	Extreme
	POSSIBLE	Low	Moderate	High	High	Extreme
	UNLIKELY	Low	Low	Moderate	High	High
RARE	Low	Low	Low	Moderate	High	
<b>Prepared By</b>	<i>Name</i>		<i>Signature</i>		<i>Date</i>	
<b>Staff Member Approval</b>	<i>Name</i>		<i>Signature</i>		<i>Date</i>	
Prepared in consultation with						

**EXCURSION AUTHORISATION**

Risk Assessment				
Risk Assessment Number				
<p align="center"><b><i>By signing, authorised parents or guardians acknowledge that they have read and understand the Risk Assessment and authorise permission for their child or children to participate in the activity outlined in the Risk Assessment, including transportation. Written procedures for transporting children are available at the Education and Care Service.</i></b></p>				
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:
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Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:
Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:
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Child Name:	Authorised Person Name:	Relationship to child:	Signature:	Date:

**Please note:** Non-Routine Risk Assessments must have a signed parent authorisation each time the children attend, not one authorisation per year.