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| **Incursion Risk Assessment and Management** | | |
| **Service name:** |  | |
| Incursion details: |  | |
| **Date(s) of incursion:** |  | |
| **Proposed activities:**  List all activities that will take place during the incursion |  | |
| **Any water hazards during the incursion, including any risks associated with water-based activities?**  If yes, detail in the risk assessment table below | Yes / No  Comment: | |
| **Name of incursion coordinator:** |  | |
| **Sighted visitor/performer risk assessment and public liability insurance?** | Yes | |
| **Check Working With Children Check or VIT registration of visitor or volunteers?** |  | |
| **Number and full names of each adult involved in the incursion:**  E.g. service staff, family members, volunteers |  | |
| **The number of educators / responsible adults, appropriate to provide supervision, and whether any adults with specialised skills are required:**  E.g. for children’s individual needs. |  | |
| **The number of children involved in the incursion:** |  | |
| **Is room space within service requirements?**  *3.25 square meters per child inside*  *7 square meters per child outside* |  | |
| **Educator to child ratio, including whether this incursion warrants a higher ratio:**  Provide details in the risk assessment table below | 1:11  *Note if higher ratio needed* | |
| **Incursion checklist – items to be readily available during the incursion (please tick)** | | |
| List of adults participating in the incursion | | Sighted visitor/performer risk assessment and public liability insurance? |
| Check Working With Children Check or VIT registration of visitor/performer or volunteers? | | Other items, please list: |
| Check Child Safe Standards sign off for their organisation or send to them to sign Council’s Child Safety and Wellbeing Policy / Code of Conduct acknowledgement found on the intranet. | |  |

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| **Risk Assessment** | | | | | | |
| Activity | Hazard identified | Risk assessment  (use matrix) | Elimination/control measures | Who | When |
| *Example – animals as part of the incursion* | *Animals and children’s reaction. Children with fear of animals* |  |  |  |  |
|  | *Hazards from the natural environment (e.g. insects, animal waste, hazardous plants, pooling water). Have they been managed?* |  |  |  |  |
|  | *Weather conditions. Have they been checked and practices for the day adjusted where appropriate?* |  |  |  |  |
|  | *Handwashing facilities. Are they are accessible from the outdoor environment?* |  |  |  |  |
|  | *Parent helpers and volunteers* |  |  |  |  |

(Press tab to add more rows)

**Please list how the team will plan for and address the below Child Safe Standards**

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| **Culturally Safe Environments for Aboriginal Children:** *Establish a culturally safe environment in which the diverse and unique identities and Experiences of Aboriginal children are respected and valued* |
| **Child and Student Empowerment:** *Children are empowered about their rights, participate in decisions affecting them and are taken seriously* |



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| **Plan and review** | | | |
| Plan prepared by: | Full name:  Role/position: | | Date: Click or tap to enter a date. |
| Date sent to Regional Team Leader:  (minimum two (2) weeks prior to incursion) | Click or tap to enter a date. | | |
| Prepared in consultation with: | Full name:  Role/position: | | |
| Communicated to all relevant staff: | Yes  Comment if needed: | | |
| Regional Team Leader approved: | Yes  No  Comments if needed: | Date: Click or tap to enter a date. | |