

**When do I need to complete one or more of these forms?**

Whenever your ministry or program is taking part in an activity beyond what is considered within its normal scope, OR when your ministry or program is taking place either fully or partially in a location that is not considered the normal location.

<b>Ministry/Program:</b> _____	<b>Date/s of Activity:</b> _____
<b>Activity Name:</b> _____	<b>Expected Number of Participants:</b> _____
<b>Person in Charge:</b> _____	<b>Contact Phone:</b> _____

**Event/Site Location:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Contact Numbers:** \_\_\_\_\_  
*If applicable*

**Brief outline of Activity, location and travel:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will driving vehicles occur as part of your event?     Yes    No  
*If yes, please confirm with safety team that drivers and vehicles are suitable for your event.*

**Activity status**

I have checked whether there are specific guidelines for this activity, based on recognised industry standards or on local requirements. (If specific guidelines exist, please consult those, and continue with completion of this form.)

*Standard Church/Diocese Policies which may be applicable include:*  
 \* Police Vetting Policy                      \* Working Alone Policy  
 \* Power Tool Policy                            \* Working at Height Policy  
 \* Vehicle Use and Transport Policy   \* Hazardous Substances Policy

*Further details on these are available in the Diocese Health and Safety Management Plan*

**Activity Leaders/Instructors/Helpers:**

Person	Relevant Qualifications	Training and Experience	Contact
Person in charge of activity:			
Alternative contact person:			

*Instructors in charge must have completed the necessary training as applicable and hold any required statutory qualifications.*

**First Aid Arrangements:**

First Aid Coordinator: \_\_\_\_\_ Level of Training: \_\_\_\_\_

Please list the names of additional helpers running the event. If they have First Aid training, please indicate level:

\_\_\_\_\_

\_\_\_\_\_

**Event Planning Information:** *please complete the statements applicable to your context*

Participant Requirements	Please provide additional details as required		
What is the ratio of helpers to participants?			
Have plans been made to give clear instructions and a safety briefing to participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this activity appropriate for the age range of the intended participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has a suitable plan been established to enable participants to become competent in basic skills and slowly progress into more technical areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equipment	Please provide additional details as required		
What equipment (safety and general) is required?			
Do you have an up to date first aid kit and know where it is?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there sufficient equipment for the number of participants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do participants know how to use all equipment appropriately and effectively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there enough equipment to run the activity adequately, and with spares available for emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the equipment be inspected prior to use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Venues	Please provide additional details as required		
Is the venue appropriate for the activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attach venue or trip route details as applicable.
Will all the venues be checked and approved by at least one Team Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

# RISK ASSESSMENT AND ACTION PLAN

Activity: \_\_\_\_\_

Date of Risk Assessment: \_\_\_\_\_

IDENTIFIED SAFETY RISK	Probability / Likelihood	Impact	Risk rating (from Matrix)	ACTION PLAN (What we will do to reduce this risk to an acceptable level)	EMERGENCY STRATEGY (What we'll do if this risk becomes reality)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

PROBABILITY / LIKELIHOOD		IMPACT	
1	Very Low (unlikely or rare event)	1	Very Low (minimal harm)
2	Low (infrequent)	2	Low (injury, minor no compliance)
3	Medium (as likely as not to happen)	3	Medium (significant harm, breach of regulations)
4	High (more likely than not to occur)	4	High (serious harm, major breach of law)
5	Very High (extremely likely to occur)	5	Very High (death, extreme injury)

RISK RATING		IMPACT				
		1 - Very Low	2 - Low	3 - Medium	4 - High	5 - Very High
PROBABILITY	1 - Very Low	1	2	3	4	5
	2 - Low	2	4	6	8	10
	3 - Medium	3	6	9	12	15
	4 - High	4	8	12	16	20
	5 - Very High	5	10	15	20	25

## DECLARATION

Having considered the risks within this activity and determined an action plan to minimise those risks, I consider this to be an appropriately safe event to conduct.

**Team Leader**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
*(signature)*

**ONCE YOU HAVE COMPLETED THIS FORM, PLEASE GIVE IT TO THE PRIEST IN CHARGE**

Please confirm that you have received permission to go ahead with your event **before** running it.

### OFFICE USE ONLY

Date form received: \_\_\_\_\_

Person receiving form: \_\_\_\_\_

Checklist:

- The form has been adequately completed.
- Adequate contact information has been supplied, so that you are confident that the Team Leader(s) can be contacted should the need arise.
- A first aider-in-charge (First Aid Coordinator) has been appointed.
- A list of helpers has been supplied.
- Each helper has been appointed as per Nativity policy.
- An adequate risk assessment and management plan has been supplied.
- The ratio of helpers to participants is adequate for the event.
- The program has adequate first aid expertise and appropriate safety precautions, taking into consideration the nature of the activities, the location and duration of the event.
- A Driver and Vehicle Registration Summary form has been completed and attached (if required).

Permission to proceed *given*

Permission to proceed *withheld or pending*

**Signed off by:**

(Priest in Charge or H&S Officer):

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

**Date:**

**Reason for withhold:**