

### Excursion/Incursion Proposal

The Principal is the Excursion Approval Authority for all local area excursions/incursions. Recurring excursions/incursions for the same group of students can be approved through the one proposal. Principals are to clearly check each aspect of the proposal form and any other additional documents where applicable.

There must be an excursion leader. Usually the person who organises the excursion/incursion.

The proposal needs to demonstrate how planned activities will contribute to and/or enhance curriculum outcomes.

#### The responsibilities of the excursion leader:

- Complete the PROPOSAL for the excursion/incursion and meet with principal
- Once PROPOSAL is APPROVED by the Principal complete rest of excursion/incursion package.
- Undertake a risk assessment, safety/health, wellbeing of students and staff. Develop strategies for minimising and managing those risks. This will inform staff to student ratio.
- Familiarise themselves with the venue.
- ALL external providers MUST have a minimum of \$20 million public liability insurance. Obtain a copy of the providers Certificate of Currency.
- Check safety/evacuation procedures. (You do not need to visit the site)
- Inform/copy the supervisory team of all information for the excursion/incursion.
- A copy of all documentation is to be taken on the excursion/incursion. These records may be carried on electronic devices.
- A communication strategy developed e.g. a signal to gain the groups attention, emergency signal response.
- Mobile phones should not be relied upon as the only means of communication, especially in an emergency. Determine whether other means of communication may be required.
- Roles of supervisors.
- Recess & Lunch duties have been swapped/negotiated.
- Any students not attending the
- Standards of acceptable behaviour.
- Organise bus quote with administration.
- Ensure First Aid backpack is stocked and available for the day of the excursion.
- Notify Manager of Corporate Services and School Officers of date and time of excursion including travel time i.e. time leaving and arriving back to school.



### Excursion/Incursion Proposal

School:	HILTON PRIMARY SCH	001		
Class/Year Groups:	THE TOTAL TRANSPORT OF THE	002		
Excursion/Incursion to:		No. of students attending:		
Departure date and time:		Are there any water based activities?	Yes/No (if yes, de	scribe)
Return time:				
Excursion/Incursion leader:				
Documents attached:	Names, addresses and contact of students, supervisors and nex			
	Up-to-date student health care plans and information			
	Parent/Carer/Guardian consent forms			
	Copy of insurance certificate/s			$\overline{\Box}$
	Additional documents (please lis	t):		
Educational purpose of incursion. The proposed excursion has a clea K-10 Western Australian Curriculum Details:	r educational purpose in the conte	ext of the s	yllabuses of the	
Educational benefit of excursion/incursion The excursion will significantly enhance student outcomes and achievement in a manner that cannot be done in the classroom/school environment.  Details:				
Venue/site for the excursion/incu The venue or site for the excursion Details:				

Risk assessment  The risk management plan covers proposed alternative arrangements in circumstances where part of the excursion/incursion or any activities scheduled for the excursion are unable to proceed.
Details:
The risk assessment considers and documents:
<ul> <li>□ the number of students, their age range, and the students' experience, capacity and behaviour;</li> <li>□ the excursion/incursion venue/site and any potential hazards and risks associated with the proposed activities at that venue;</li> <li>□ the method of transport to the excursion/incursion venue and all activities;</li> <li>□ issues that might arise due to the length of time of the excursion/incursion and/or possible weather, additional risks and supervisory requirements associated outdoor education and recreation activities and strategies for student safety in accordance with the <i>Outdoor Education and Recreation Activities</i></li> </ul>
for Public Schools Policy (2019);  □ any medical or behavioural conditions that need to be managed; and  □ any special clothing or required items that should be taken on the excursion/incursion by students and supervisors.
Students' capacity  Participating students have the capacity to undertake the excursion/incursion as evidenced by the student health care plans and information and as attested to by Principals of any participating school.  Details:
Supervisory team An appropriately qualified supervisor a suitable supervisory team, supervision strategies and a system for identifying excursion participants have been established.  Supervision strategies have been established with the supervisory team.  Systems for identifying excursion participants have been established. E.g. uniform and Id Card
Details:
Briefing students and supervisors  All relevant information about respective responsibilities and obligations have been communicated to students and supervisors. The excursion/incursion leader has confirmed, in writing, during the consent seeking process, that parents/carers/guardians are fully aware of all supervisory arrangements throughout the excursion/incursion.
Details:
Communication strategy An appropriate communication strategy has been established and communicated to all those attending the excursion/incursion.  Details:
Dotailo.
Transport arrangements  Arrangements have been made for the safe transport of excursion/incursion participants.
Details:

Emergency response planning An emergency response plan (including contact details for supervising staff) has been developed, provided and retained by the Principal of the school.	
Details:	
Dotaile.	
There are clear procedures to be followed in the event a student's participation on the excursion/	
incursion is terminated.	
Working with children checks	
There is a valid WWCC for each supervisor/adult travelling on the	
excursion/incursion where required.	$\square$
Detailed cost of excursion/incursion	
The excursion/incursion has been properly costed, with details of staff costs including	Ш
expenses and teacher relief.	
The excursion/incursion has been properly costed.  Parents/carers/guardians have been informed of all fundraising provisions.	
Parents/carers/guardians have been informed of any fundraising monies that will remain with the school	
in case of cancellation.	
Details:	
Waivers	
No waivers have been or will be signed, that absolve venues/external providers from liability	
for negligent acts or omissions.	
External providers	l
Where external providers are engaged, they have proper and current insurance cover and staff responsibilities have been established. All documents have been sighted and attached.	
Details:	
Details.	
	$\overline{}$
All documents have been retained and appropriately stored.	
Information to Parents/Carers/Guardians for their consent	
Parents/carers/guardians have been provided with full details of the excursion/incursion and have provided signed, informed consent.	
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I confirm that all sections of the <i>Proposal for Local Area Excursion/Incursion</i> have been completed in	
accordance with the Excursions in Public Schools Procedures and the Local Area Excursions document.	
Authorised Excursion LeaderDate	
PrincipalDate	_
· -	_
PURCHASE ORDER NUMBER FOR VENUE/PROVIDER (after approval)	



# Parent Information Excursion/Incursion

Dear Parent/Carer/Guardian

I am pleased to provide you with the following details regarding our excursion/incursion.

Excursion to:				
Class/Year groups attending:				
Departure venue, date and time:				
Return time:				
Excursion/Incursion leader:				
Travel details:	Mode of transport and associated	details		
	Transport \$ Venue entry \$	Preferred payment methods:  Cash of EFTPOS at Office		
<b>-</b>	Other \$	EFT - Hilton Primary School		
Excursion/Incursion cost:	Total \$	<b>BSB</b> : 066 144 <b>ACC</b> : 009 00 005		
	FUNDS DUE BY:	(Include student name and class in description)		
Supervisory team: (Include details of staff member with first aid responsibility)				
Contact arrangements during excursion/incursion: 6458 7900				
Educational purpose of excursion. This excursion/incursion has been your child's classroom and/or is page 14.	planned to supplement the following	ng work being completed in		
Activities  Your shild will be participating in the	an following nativities (Mater hand			
Your child will be participating in the following activities. (Water based excursions/incursions require additional supervision advice and student information. Include as appropriate.)				
Special clothing or other items in All excursion/incursion participants are prescribed.	required e to comply with all venue/site special o	clothing or other item requirements as		
Details:				
Excursion/Incursion Leader signature:		Date:		
Principal signature:		Date:		



### Student Health Form

Please complete, sign and return the section below to the school by (DATE).

#### LOCAL AREA EXCURSION/INCURSION: PARENT/GUARDIAN/CARER CONSENT

Excursion/Incursion to:  Student health considerations  If your child's medical condition has changed details and include any relevant medical det Student Health Care Form.  Special considerations  If the proposed excursion/incursion poses at Health Care Summary, please outline additive.g. if your child suffers from anaphylaxis the storage of an adrenaline auto injector at the Details:  Parent/carer/guardian consent  I give permission for my child to receive medical am aware that the school and its employed damage that may occur on an excursion/incursion.	any health risks in actional health risks between may be risks as appropriate temper	ddition to those identified elow: ssociated with the provisi	d in the Student
Student health considerations  If your child's medical condition has changed details and include any relevant medical details and include any relevant medical details.  Student Health Care Form.  Special considerations  If the proposed excursion/incursion poses at Health Care Summary, please outline additional e.g. if your child suffers from anaphylaxis the storage of an adrenaline auto injector at the Details:  Parent/carer/guardian consent  I give permission for my child to receive medical am aware that the school and its employed.	any health risks in actional health risks between may be risks as appropriate temper	ddition to those identified elow: ssociated with the provisi	d in the Student
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	es are not responsib	ole for personal injuries o	
be negligent.			
Next of Kin	<del></del>	T	
Name	Name		
Daytime Contact	Daytime Contact		
After hours	After hours		
Mobile	Mobile		
Relationship	Relationship		
	participating in a	n excursion/incursion to	)(Destination/Activit
(Date of excursion/incursion)			Date



## Water Based or Swimming Activities

The excursion/incursion will involve the following	g water based or swimming activities:
These activities will take place at:	
Parent Water based or swimming activities r	response
Please indicate your child's swimming ability:	
Department of Education swimming stage achie	eved:
Date achieved:	
I am unsure: (The school will contact y	ou to discuss your child's swimming ability)
Swimming ability:	
Stage 1 Beginner	Stage 7 Intermediate
Stage 2 Water Discovery	Stage 8 Water Wise
Stage 3 Preliminary	Stage 9 Senior
Stage 4 Water Awareness	Stage 10 Junior Swim and Survive*
Stage 5 Water Sense	Stage 11 Swim and Survive*
Stage 6 Junior	Stage 12 Senior Swim and Survive*
survival abilities including clothed survival and p	of Australia awards. Stage 10 focuses on safety and personal fitness for survival and extends the student's olve further development of survival and swimming skills in for rescue awards.
I give I do not give permission for my child to par	ticipate in the water based or swimming activities.
Parent/Carer/Guardian Name:	
Parent/Carer/Guardian Signature:	Date:



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

#### **Confidential Declaration**

This form is for persons requiring access to school who are **not employees** of the Department of Education

Please place a tick in one of the boxes below: 1) I declare that **I DO NOT HAVE** any convictions, circumstances or reasons that might preclude my working with or near children. 2) I declare that **I DO HAVE** convictions, circumstances or reasons that might preclude my working with or near children. The nature of these convictions or reasons is outlined below. I have a current Working With Children's Check identification. Please provide a photocopy. I certify the accuracy of the above information. I am aware that I may be required to provide a police clearance if it is considered necessary to verify the information provided. Name: \_\_\_\_\_ Signature: Company: Address: Contact Number:



### Excursion-Bus Booking Form

# SCHOOL SCHOOL SCHOOL STATE SERVICES (MCS) AT THE TIME OF BOOKING

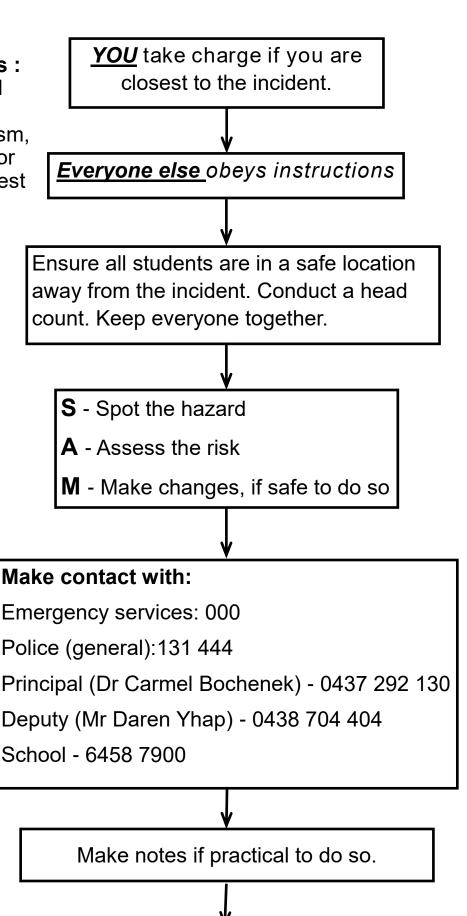
Excursion to:	
Date of excursion:	
<u>Bus</u> Order Number:	
<u>Venue</u> Order Number:	
Class/Year groups attending:	
Pickup time from HPS:	
Departure <u>time</u> from venue and return to HPS:	
Excursion/Incursion leader:	
Number of students:	
Number of adults (Teachers & Parents):	
Total number of people:	
Cost of Bus:	
Confirmation of Bus Booking by MCS:	
Date:	

Notes:			

### PRIMARY SCHOOL

### Excursion/Incursion Incident Guide

Examples of critical incidents: may include, but are not limited to, accidents causing death or serious injury, major vandalism, physical assault, students lost or injured, intruders ignoring request to leave the premises.



Complete critical incident report at school