

Name of Program: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Team Leader/s: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**1. Group size** (dependent on context, this may be an estimate)

Team Members: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Participants: Male: \_\_\_\_\_ Female: \_\_\_\_\_

**All programs:** Ensure that the list of Team Members is submitted as part of Permission to Proceed.

**Residential programs:** Attach the list of participants.

**2. Contacts for you during your program**

**Main Contact Person**

**Alternative Contact Person**

Contact person: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Times available: \_\_\_\_\_

Times available: \_\_\_\_\_

**3. Your first aid arrangements**

First Aid Coordinator: \_\_\_\_\_

Level of Training \_\_\_\_\_

Additional Team Members with First Aid training (state what level):

**4. Base Location (Site)** Note that separate activity plans are to be added if multiple locations are used

Location Name & Address:

Location Contact Numbers (if applicable):

**For additional activities:**

List venues/locations and for what purpose they will be used:

Description of locations in relation to known roads (or enclose site map):

**5. Local Emergency Services Location and Contacts**

Police Station location: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Doctor's location: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Hospital location: \_\_\_\_\_

Contact numbers: \_\_\_\_\_

Other useful location(s): \_\_\_\_\_

Contact numbers: \_\_\_\_\_

**SIGN OFF**

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

\_\_\_\_\_  
Team Leader Name

\_\_\_\_\_  
Signature

## RISK ASSESSMENT AND ACTION PLAN – PROGRAM OVERALL

Based on the methodology explained in the *ChildSafe Team Leaders Guide* (Training Module L2). If additional Activity Information is submitted, list safety risks for each activity on its own plan.

Identified safety risk	Likelihood descriptor	Consequence descriptor	Risk Level from matrix / Priority	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.					

**Likelihood:** Common, Possible, Unlikely, Rare, Very Rare

**Consequence:** Severe, Major, Moderate, Minor, Negligible

**Risk Level:** Low, Medium, High, Extreme

**Resource:** Safety Information **Level:** Team Leader  
Resource Code CSE2-SS

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