

Program Approval Form

This form is to be used for any youth/children's activities that are held in the name of XXX Church of Christ. Only programs and events that are approved and show evidence of safe people, places and plans can be given permission to continue from the church Elders.

ONGOING PROGRAMS VERSUS EVENTS: For ongoing programs such as weekly children's or youth ministries, Program Approval should be renewed annually. For a one-off event such as a jumping castle, picnic, camp or any activity off site, Program Approval is required for each event.

Return to your church Elders or their delegate at least ONE MONTH PRIOR to the activity. This form is necessary for insurance purposes. Attach the completed General Safety and Care Checklist and Activity Risk Assessment to this form (plus any other relevant documents) to indicate that proper consideration has been given to possible risks.

TO THE CHURCH ELDERS	
Church Name:	Group:
Requests approval to undertake the following activity: Type of activity: (e.g. picnic, camp, etc.) Location: (give as much detail as possible, e.g. name of site, address, nearest town)	
Date:	Time: from _____ to _____
Nearest medical help (doctor/medical centre/hospital):	
Person/s responsible for first aid and qualification:	
Leader in charge:	
Other leaders:	
Number of members attending and age range of members:	
Leader's signature:	
Chair of Elders' signature:	Date:

Sign

Sign

If undertaking specialised/hazardous activities (e.g. swimming, abseiling) a leader experienced in this activity **must** be present. Medical forms for ALL participants including Medicare numbers **MUST** be taken to activities away from the main site with permission forms from parents/caregivers.

REMEMBER there is no insurance cover for personnel or equipment being used in activities that is not approved by Churches of Christ in Qld.

CHAIR OF ELDERS RESPONSE

CHAIR OF ELDERS to keep this form on file

To: Group	Leader
Approval is given / not given* for the _____ group to hold their _____ at _____.	
* Reason for not approving this activity:	
Chair of Elders' approval has been given for this activity to proceed:	
Chair of Elders' name & signature:	Date:
<input type="checkbox"/> Forwarded by Chair of Elders to the Churches of Christ in Qld Insurance Officer (for medium to high risk activities and/or activities using hired equipment. If in doubt send anyway.) Email: david.smith@cofcqld.com.au Date: _____ Signature: _____	

Sign

Sign

General Safety and Care Checklist

A list of factors to consider is presented to assist you in providing for the safety and care of your participants.

1. Participation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees have been briefed to ensure that participation in risk-oriented activities is voluntary for everyone.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees have been briefed to ensure sensitivity is shown in relation to issues of gender, ethnicity, family and medical conditions.

2. Leadership	
<input type="checkbox"/> Yes <input type="checkbox"/> No	All activities have a volunteer or employee assigned to supervise them.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The program has an appropriate ratio of volunteers or employees to participants.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The volunteers or employees have adequate experience in the activities offered.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The team consists of people who are appropriate for their leadership role.

3. Duty of Care	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures are in place to attempt to ensure adequate care at all times.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Specifically, group control systems are in place to minimise the chance of somebody getting lost.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Thought has been given to the process of locating somebody who has become lost and leaders briefed.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Consent has been obtained for risk-oriented activities from parents or caregivers.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The team has been appropriately briefed in relation to physical contact, disclosure of abuse and contact with participants outside the program.

4. Equipment and the Site	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The site is suitable for the program.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	The equipment is suitable for the program, and has been checked prior to use.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Where permission is required for use of a venue, it has been obtained.

5. First Aid and Medical Care	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Medical forms for all involved are completed appropriately and stored in a secure location in case they are required.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The amount of first aid equipment, type and condition of equipment and the required number of separate first aid kits has been considered and provided for.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Appropriate precautions are being taken to minimise health risks during the program.

6. Transport	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Drivers hold appropriate licenses.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Parents are informed if a driver has a provisional P1 or P2 license and given opportunity to request a full license driver.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees are appropriately briefed on the requirement for seat belts or safety restraints for young children.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Vehicles are appropriately registered, in roadworthy condition and appropriately insured. Drivers are aware that insurance for privately owned vehicles is the responsibility of the owner.

7. Additional Factors to Consider	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees are aware of the organisation's policies in relation to alcohol and substance use.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees are aware of the basics of insurance arrangements.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Volunteers and employees have been briefed about what to do in the event that the Media wish to interview somebody in relation to your program.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	In residential programs, accommodation arrangements are generally single sex, other than for married couples sleeping in their own location, or if the whole group is together in one spot (sleep out).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Copies of all appropriate forms have been provided to the organisation.

Activity Risk Assessment

Use the table below to carry out your own activity risk assessment, identifying the risks and developing an action plan for those which you classify as “moderate”, “high” or “very high” risk level. **See the next page** for a guide on identifying “consequence”, “likelihood”, “risk level” and “action plan”. Once completed, reassess the risk with your suggested action plan in place. See the Safe Church Awareness manual for more information on risk assessment and management.

ACTIVITY:	Date:
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HAZARD What could go wrong?	CONSEQUENCE	LIKELIHOOD	RISK LEVEL	ACTION PLAN How will you control the risk?	CONSEQUENCE	LIKELIHOOD	RISK LEVEL

Name:	Signed:	Date:
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LIKELIHOOD	What are the chances of it occurring?
DESCRIPTOR	DESCRIPTION
Almost certain	Is expected to occur in most circumstances (i.e. surprising when it doesn't happen)
Likely	Will probably occur in many circumstances
Possible	Might occur at some time (e.g. once a year in weekly activities)
Unlikely	Could occur at some time (e.g. once every ten years in weekly activities)
Rare	Highly unexpected, may occur only in exceptional circumstances (e.g. once in 100 years)

CONSEQUENCE	What impact will it have if it occurs?
DESCRIPTOR	DESCRIPTION
Disastrous	Death or large-scale consequences
Critical	Important consequences, major disability or injury (e.g. amputation, loss of bodily function)
Serious	An injury requiring more than a week recovery time
Moderate	An injury requiring medical assistance with no long term impacts
Minor	A minor injury easily remedied with First Aid

RISK LEVEL	Use the likelihood and consequence to find the risk level				
LIKELIHOOD	CONSEQUENCE				
	Minor	Moderate	Serious	Critical	Disastrous
Almost certain	High Risk	High Risk	Very High Risk	Very High Risk	Very High Risk
Likely	Moderate Risk	High Risk	High Risk	Very High Risk	Very High Risk
Possible	Low Risk	Moderate Risk	High Risk	Very High Risk	Very High Risk
Unlikely	Low Risk	Low Risk	Moderate Risk	High Risk	Very High Risk
Rare	Low Risk	Low Risk	Moderate Risk	High Risk	High Risk

ACTION PLAN	Following are some ways to think about controlling the risk in your action plan
1. Eliminate	Completely remove the activity, process, equipment etc. to eliminate the hazard
2. Substitute	Replace the activity, process, equipment etc. with a less hazardous one
3. Re-design	Modify the activity, process, equipment etc. to reduce or nullify the risk
4. Isolate	Isolate the hazard from persons by safeguarding or by space or time.
5. Administrate	Adjust the conditions or the process by training, procedures, signage etc.
6. Use protective equipment	Use appropriate protective equipment where other controls are not feasible