Example Program Approval and Risk Assessment Form

This form is to be used for any programs or ministries that are held in the name of XXX Church of Christ. Only programs and events that are approved and show evidence of considering safety can be given permission to continue from the church leadership.

**Ongoing/regular programs versus events/high risk activities:** For ongoing programs such as weekly children’s or youth ministries, or monthly social or ministry groups, 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 leadership or their delegate at least ONE MONTH PRIOR to the activity or commencement of the program/ministry for the year. 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.

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| **TO THE CHURCH LEADERSHIP:** |
| **Church name:** | **Group/ministry:** |
| **Requests approval to undertake the following activity:****Type of activity:** Describe the general or regular activities that will be undertaken by the group/program/ministry e.g. for youth group describe the type of activities typically conducted – sport, games, small groups, supper; for coffee morning – meet at the church for coffee and morning tea, guest speaker, devotion. If this is for a once off event (e.g. camp, sleep over, jumping castle, abseiling, bus trip), describe that activity, including who will provide and run any equipment.**Location:** (if the church, state church name; if off site, give as much detail as possible, e.g. name of site, address, nearest town) |
| **Date:** | **Time:** |
| **Nearest medical help (doctor/medical centre/hospital):** |
| **Person/s responsible for first aid and qualification:** |
| **Leader in charge:** |
| **Other leaders:** |
| **Number of attendees and age range of members:** |
| **Leader’s signature:** |
| **Chair of Elders’ signature:** | **Date:** |

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 church site with permission forms from parents/caregivers.

**REMEMBER there is no insurance cover for personnel or equipment being used in high risk activities that are excluded by Churches of Christ in Queensland Insurance.**

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| **CHAIR OF GOVERNING GROUP SIGN OFF:** |
| **To: Group/ministry:** | **Leader:** |
| Approval is given / not given\* for the \_\_\_\_\_\_\_\_\_\_\_\_ group/ministry to hold their\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .(If this is approval for an ongoing program/ministry, write ‘usual activities at the church premises’.) |
| \* Reason for not approving this activity: |
| Chair of Governing Group name & signature: Date: |
| For medium to high risk activities and/or activities using hired equipment, forward to the CofCQ Insurance Officer. If in doubt send anyway.Email: insurance@cofcqld.com.au |

## 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.

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| **1. Participation** |
| ☐ Yes☐ No☐ N/A | Volunteers and employees have been briefed to ensure that participation in risk-oriented activities is voluntary for everyone. |
| ☐ Yes ☐ No | Programs have been designed to ensure those living with a disability are able to participate to the fullest extent possible. |
| ☐ Yes☐ No☐ N/A | Volunteers and employees have been briefed to ensure sensitivity is shown in relation to issues of gender, sexual orientation, ethnicity, family and medical conditions. |
| **2. Leaders** |
| ☐ Yes ☐ No | All activities have a volunteer or employee assigned to supervise them. |
| ☐ Yes ☐ No | The program has an appropriate ratio of volunteers or employees to participants. |
| ☐ Yes☐ No☐ N/A | The volunteers or employees have adequate experience in the activities offered. |
| ☐ Yes ☐ No | The team consists of people who are appropriate for their leadership role, including holding Blue Cards for ministries involving children and trained and screened via Safe Ministry Check. |
| **3. Duty of Care** |
| ☐ Yes ☐ No | Procedures are in place to attempt to ensure adequate care at all times. |
| ☐ Yes☐ No ☐ N/A | Group control systems are in place to minimise the change of someone getting lost and thought has been given to the process of locating somebody who has become lost and the leaders briefed. |
| ☐ Yes☐ No ☐ N/A | Consent has been obtained for risk-oriented activities from parents or caregivers. |
| ☐ Yes☐ No ☐ N/A | For programs involving under 18s, children are aware of who to speak to if they feel unsafe about another attendee or leader. |
| ☐ Yes ☐ No | For programs involving under 18s, relevant personal information and permission has been obtained from parents/caregivers. |
| ☐ Yes ☐ No | The leaders reasonably believe that there are no Persons of Concern connected to this activity. |
| ☐ Yes ☐ No | For programs with attendees under 18, the team has been appropriately briefed in relation to physical contact with attendees, handling and reporting disclosures of abuse, contact with attendees outside of program times, and the potential for harmful/problematic sexual behaviour between program participants. |
| **4. Equipment and the location/site** |
| ☐ Yes ☐ No | The site/location is suitable for the program. |
| ☐ Yes☐ No☐ N/A | The equipment is suitable for the program, and has been checked prior to use. |
| ☐ Yes☐ No☐ N/A | Where permission is required for use of a venue, it has been obtained. |
| **5. First Aid, Medical Care and Emergencies** |
| ☐ Yes☐ No☐ N/A | Medical forms for all involved are completed appropriately and stored in a secure location in case they are required. |
| ☐ Yes ☐ 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. |
| ☐ Yes ☐ No | All volunteers and employees are aware of what to do in case of emergency and incidents. |
| ☐ Yes☐ No☐ N/A | Appropriate precautions are being taken to minimise health risks during the program. |
| **6. Transport** |
| ☐ Yes☐ No☐ N/A | Drivers hold appropriate licenses. |
| ☐ Yes☐ No☐ N/A | Parents are informed if a driver has a provisional P1 or P2 license and given opportunity to request a full license driver. |
| ☐ Yes☐ No☐ N/A | Volunteers and employees are appropriately briefed on the requirement for seat belts or safety restraints for young children. |
| ☐ Yes☐ No☐ 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** |
| ☐ Yes☐ No | Volunteers and employees are aware of the church’s policies in relation to alcohol, substance use and persons of concern. |
| ☐ Yes☐ No | Volunteers and employees are aware of the basics of insurance arrangements. |
| ☐ Yes☐ No | 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/group/ministry. |
| ☐ Yes☐ No☐ N/A | In residential programs (e.g. sleep overs, camps), 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). |
| ☐ Yes☐ No | Copies of all appropriate forms (e.g. permission, medical) have been provided to the church. |

## Activity Risk Assessment

Use the table below to carry out an 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 pages for a guide on identifying “consequence”, “likelihood”, “risk level” and “action plan”. Once completed, reassess the risk with your suggested action plan in place.

**ACTIVITY: Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard/Risk**What could go wrong? | Likelihood | Consequence | Risk Rating | **Action Plan**How will you remove or control the risk? | Likelihood | Consequence | Risk Rating |
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**Name: Signature: Date:**

## Likelihood and Consequences of Risks

**LIKELIHOOD FACTORS**

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| --- | --- |
| **Factors** | **Values** |
| **L5** | **Almost certain** | The hazard /risk is expected to occur in mostcircumstances. |
| **L4** | **Likely** | The hazard / risk will probably occur in mostcircumstances (more than 50% of time). |
| **L3** | **Possible** | The hazard / risk should occur at some time (lessthan 50% of time). |
| **L2** | **Unlikely** | The hazard / risk could occur at some time,usually in exceptional circumstances. |
| **L1** | **Rare** | The hazard / risk is possible but is not expectedto occur. |

**CONSEQUENCE FACTORS**

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| --- | --- |
| **Factors** | **Values** |
| **C5** | **Extreme** | Death; high financial loss; sustained nationalmedia coverage |
| **C4** | **Major** | Extreme / permanent Injuries (significanthospitalisation); major financial loss; majornegative state media |
| **C3** | **Moderate** | Medical treatment required (may involvehospitalisation); moderate financial loss; somestate media, sustained local media |
| **C2** | **Minor** | First Aid treatment on site; minor financial loss;one off digital media, TV or newspaper coverage |
| **C1** | **Insignificant** | No injuries or treatment; low or no financial loss;one off local media coverage |

**RISK ANALYSIS MATRIX**

**Consequence**

**Likelihood**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **C1****Insignificant** | **C2****Minor** | **C3****Moderate** | **C4****Major** | **C5****Extreme** |
| **L5 Almost certain** | **Low** | **Medium** | **High** | **High** | **High** |
| **L4 Likely** | **Low** | **Medium** | **Medium** | **High** | **High** |
| **L3 Possible** | **Low** | **Medium** | **Medium** | **High** | **High** |
| **L2 Unlikely** | **Low** | **Low** | **Medium** | **Medium** | **High** |
| **L1 Rare** | **Low** | **Low** | **Low** | **Medium** | **High** |

**RISK ESCALATION & COMMUNICATION OPTIONS**

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| --- | --- |
| **Risk Rating** | **Escalation and Communication** |
| **High** | Immediate escalation to church leadership; activeremediation activities in place; regular frequent monitoring |
| **Medium** | Ministry team advised; active mitigation plans in place;regular monitoring as part of existing meetings |
| **Low** | Local management team monitoring; lower priority remediationactivities |