

# TAMATEA HIGH SCHOOL



## E.O.T.C Overnight Trip

Proposal to the Board of Trustees

Date Submitted \_\_\_\_\_ Teacher in Charge \_\_\_\_\_

Office Advised?  YES  NO

On Weekly Planner?  YES  NO

*To be submitted to the DP, one month before the BOT meeting  
which is immediately prior to the activity taking place.*

Name of the group:	
Number of students attending:	
Accompanying staff:	
If you are using an outside provider/instructor or company:	State their Company and code (see Mr Gyde)
Type of activity:  Where are you going to:	
Link to the Curriculum: (eg: NCEA Physed AS 2.8)	
Date of trip:	
Back up date if required:	
Time of departure and return to and from Tamatea High School:	Leave:  Return:
Mode of transport:	
Drivers Licence on file in school office (if driving a school van)	Yes/No  Driver(s) name(s):

Continued over ...

<p>All Teacher's mobile phone numbers:</p> <p>Venue phone number:</p> <p>Nigel Groom</p>	<p>021 242 0462</p>
<p><b>RAMS form:</b> (You will find an example of one and a blank form in the Teachers Shared Drive under EOTC)</p>	<p>Please attach a completed copy of your RAMS.</p>
<p><b>Off-site Office advice form:</b></p>	<p>Please attach a completed copy of your off-site form.</p>
<p><b>Budget:</b> (You will find a blank form in the Teachers Shared Drive under EOTC)</p>	<p>Please complete a budget sheet so that if required it can be presented to the Board.</p>

Principal's Signature: \_\_\_\_\_

Board Chair Signature: \_\_\_\_\_

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



**E.O.T.C OVERNIGHT TRIP  
RAMS FORMS**

<p><b>UNDESIRED EVENTS -</b> Accidents, injury, other forms of damage or loss.</p> <p><b>LIKELY FACTORS CAUSING UNDESIRED EVENTS -</b> people, equipment, environment</p>	<p>Death, illness, lost people, damage to property, laws broken, fire, natural disaster, accident, hunger, emergency at home.</p> <ul style="list-style-type: none"> <li>• <i>Staff not vigilant enough with the students</i></li> <li>• <i>Emotional/social/psychological/personal problems</i></li> <li>• <i>Undisclosed medical problem</i></li> <li>• <i>Transport breaks down</i></li> </ul>
<p><b>RISK MANAGEMENT STRATEGIES</b> - Pre Activity</p>	<p><i>Date location last visited by .....</i></p>
<p><b>RISK MANAGEMENT STRATEGIES</b> - During activity</p>	

<b>CRISIS MANAGEMENT STRATEGIES</b> Emergency Plans	First Aid by (person/s): Group Activities (person/s): Assistance obtained by (person + method):  Dial 111 for Rescue Helicopter  Evacuation Plans: <i>Meet</i>  Alternative Plans: Back to school early  Other: Cancel trip
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Approval for Implementation			
EOTC Co-ordinator	NA (Theresa)	Comment	Initial
SAT NA (Theresa)			
<b>Gear List: Emergency/Specialist</b> SAT team will tick required items below Staff leader to tick when gear collected and returned			
Item	Required	Collected	Returned
First Aid Kit	Yes No.	1 per adult	
First Aid Book			
Bush Survival Book			
Put all cell phone	numbers on front page		