

Te Kura Tuatahi o Hokitika Hokitika Primary School

Phone: 03 755 7400

230 Park St Hokitika



1. EOTC Event Proposal, Approval and Intentions

Event Name:	[Redacted] Camp to Waipara Adventure Centre				
Dates:	24 Oct - 27 Oct 3 nights				
Person in Charge:	[Redacted]	Student group:	[Redacted]	No. of Students:	56
Activity outline, learning objectives and other benefits:	Assessment based Standards:		Co-curricular:		
Swimming, high ropes, high swing, kayaking, archery, team building Confidence/Self Esteem Literacy - Journal Writing Have lots of fun			Health PE Literacy		
Event location/venue:	Budget: nil				
Waipara Adventure Centre , 137 Darnley Road, RD3, Amberley	Student cost: 3 night camp - \$330 per student - 4x students free of charge as per hardship policy. Prices will be less due to fundraising. Pricing includes instructors, breakfast/lunch/dinner, accommodation in bunks and 8 Adult helpers: \$199.				
Pre site visit completed: Yes/ No		Date: 2023			
External Providers: Yes/No		Details: Qualified instructors provided by the centre			
Accommodation:		Waipara Adventure Centre: William Smith Complex - 64 bunk bed accommodation			
Transport:		School van			



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	Other vans Parent vehicles
Emergency Communication:	Times:
Type to be used: Mobiles Numbers: [redacted] Person in charge: [redacted] Principal: [redacted] Provider :[redacted]	Meet: 7am
	Depart: 7.15am
	Return: 5pm
	Raise Alarm time: 5.30pm
On-call Contact person: Name: [redacted]	Phone number (s): [redacted]

Use this first page as an Intentions Form – to be left with the Office &/or On Call Person



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Trip Management Category (circle/highlight)			
Assessment of Risk	Low	High	Overnight
		Routine and expected activities and environments <ul style="list-style-type: none"> • School grounds • Supervised local visits 	Where risk exposure is greater than what would typically be the case at school <ul style="list-style-type: none"> • Adventurous activities
<p>Significant risks identified:</p> <p>Traveling to and from the centre. (Travelling over the passes to East Coast) Swimming, kayaking, archery, high ropes.</p>			

Proposed Staffing:			
Name	Responsibility or role	Qualifications/ experience	Relief required
[All redacted]	[All redacted]	Classroom teacher	No. Teacher aides will work with students that remain at school.
		Classroom teacher	No
		Classroom teacher	No



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INITIAL APPROVAL

HOD _____ Date: _____

EOTC Coordinator: _____ Date: _____

SEE BELOW FOR ACTIONS TO NOW COMPLETE BASED ON LEVEL OF RISK

Task Checklist to complete based on Level of Risk

Low Risk	High Risk	Overnight
<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval	<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval	<input type="checkbox"/> Activity Proposal <input type="checkbox"/> HOD Approval <input type="checkbox"/> EOTC Coordinator Approval <input type="checkbox"/> Principal/BOT Approval
<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Blanket consent	<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Parental Notification and consent <input type="checkbox"/> Specific Risk disclosure	<input type="checkbox"/> Staffing allocated, supervision structure <input type="checkbox"/> Parental Notification and consent <input type="checkbox"/> Specific Risk disclosure
May include but not limited to: <input type="checkbox"/> Student medical lists <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Emergency communication plan	May include but not limited to: <input type="checkbox"/> Student medical list <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Transport plan <input type="checkbox"/> Site plan and information <input type="checkbox"/> Emergency communication plan	May include but not limited to: <input type="checkbox"/> Student medical list <input type="checkbox"/> Emergency contact information <input type="checkbox"/> Risk assessment <input type="checkbox"/> Transport plan <input type="checkbox"/> Site plan and information <input type="checkbox"/> Emergency communication plan

FINAL APPROVAL

	Name	Date	Signed
Approved By			

