

Application to Conduct an Excursion

Health, Safety and Wellbeing

This Form relates to OHS Procedure - Student Excursions

Institute / Directo	orate / Centre:			
Name of Staff M	ember in Charge:			
Course:		Un	Unit:	
	1:			
Dates:	From://			
	pating Staff Members:			
	Participants:			
Transport Details	s (University, private, public, etc	.):		
•		•		
Special Equipme	ent Required (e.g. first aid, comr	nunications, other):		
Special Requirer	ments regarding Payments, Dep	oosits, Advances:		
Costing Details	•			
Josting Betand		Φ.		
	Transport Meals	\$ \$		
	Accommodation	\$		
	Fees	\$		
	Other	\$		
	Total	\$		
Approval Signa		,		
By signing below all necessar all necessar	y, you confirm that: y precautions and requirements y equipment and resources are the conduct of the excursion			
Supervisor of Sta (All Excursions)	aff Member in Charge:		/ Date://	
Dean or Director: (Overnight, Interstate and Overseas Excursions)			Date://	
	Report (including emergency pla	•	•	
Authorised by: Document Owner Page 1 of 1	controlled when printed! The curre University Health and Safety Poer: Head – Health, Safety and Wellt	licy Committee	Current Version: 07/11/2 Review Date: 31/12/2	023

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)