

## Benefit Risk Excursion and Hazard Management Audit

You must complete this form in conjunction with Kat's Care Services Excursions Procedure

Provider: Katrina Thompson	Date of Benefit risk assessment visit: 01/01/24 and ongoing.	Date of excursion: Current to 31/12/2024.	
Destination: Drive to Navy Cadets at Gaza Ridge Barracks South Bandiana – as per participant directed or as a learning / social experience. Collect/drop off participants as required.		Routine: <input checked="" type="checkbox"/> Non-Routine: <input type="checkbox"/>	
Route: <a href="https://goo.gl/maps/7jefchF3kCL2">https://goo.gl/maps/7jefchF3kCL2</a>		Proposed time of excursion: AS NEEDED PARENT/GUARDIAN NOTIFIED VIA TEXT OR DIALOGUE.	
Responsible Parent/Guardian Authorisations: I agree to the participants attending excursion as documented and approved by Service.	Anticipated Number of participants: 4-7	Approximate Duration: 1-2 HOURS	
Participant Name:	Parent/Guardian Signature:	Method of Transport: (PROVIDERS) VEHICLE CGI31Y OR (DAKODA) CG21YB	
Participant Name:	Parent/Guardian Signature:	Anticipated Number of Providers: 1	
Participant Name:	Parent/Guardian Signature:	Other Adults Listed: 1. DANE KREMERS 2. DAKODA & TANIKA THOMPSON	
Participant Name:	Parent/Guardian Signature:		
Participant Name:	Parent/Guardian Signature:	Service Approval Signed:	
Participant Name:	Parent/Guardian Signature:	Service Approval Date: 01:01:2024	
Participant Name:	Parent/Guardian Signature:	<b>Benefits of proposed excursions/outing and activities:</b>	
Participant Name:	Parent/Guardian Signature:	Routine drop off/pick up	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Educational Outing	<input checked="" type="checkbox"/>

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Participant Name:	Parent/Guardian Signature:	Nature experience	<input type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Developing communication skills	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Extension of gross motor skills	<input type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Meeting new people or developing relationships	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	Learning about the community	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	New Opportunities to learn	<input checked="" type="checkbox"/>
Participant Name:	Parent/Guardian Signature:	(provide rationale below)	

By engaging the participant in conversation whenever possible including modeling same:

1. Be aware of the personal space of others and learn not to invade it.
2. Practice making and maintaining eye contact during conversations.
3. Pay attention during conversations; don't let your mind wander or daydream.
4. Learn how (*and when*) to begin and end a conversation politely.
5. Try not to monopolise the discussion, dialogue is two-sided, so, allow the other person to speak their mind (*or minds*).
6. Engage in self-monitoring—that is, adapt your behaviour to reflect the social situation at hand, when you are with friends, feel free to let loose and act more relaxed and playful, at school, be attentive and responsive.
7. Think twice before speaking to avoid inappropriate comments.
8. Patience is a virtue, allow others to finish speaking before you begin to talk, you wouldn't want someone to interrupt your train of thought, would you?
9. Always be courteous—say please and thank you.
10. Listen to participants with the “*third ear*,” i.e., active listening, not only to the words they say, but the feelings they are expressing.

Initiate and practice pro-social skills including:

1. How to initiate, maintain, and end a conversation.
2. The, art of negotiation—how to get what you want appropriately.
3. How to be appropriately assertive without being overly aggressive.
4. How to give and receive compliments.
5. How to respond to teasing by peers.
6. Practice how to accept constructive criticism.

Learning to successfully interact with others is one of the most important aspects of a participant's development, with far-reaching implications. Although this excursion is mainly to drop off/collect participants there is a lot of conversation about same, which includes respecting and allowing others to talk.

Hazard's Identified	Comment if hazard identified	Precaution/Control Measures	Managed by who and when?
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Are there water hazards (including water play)?	<input type="checkbox"/> List:	N/A	PROVIDER
Are there traffic hazards?	<input checked="" type="checkbox"/> List:	YES CARPARK / ROAD– STAY WITH PROVIDER ENTERING & EXITING BUILDINGS – IF NEEDED. HOLD HANDS OR STAY CLOSE CROSSING THE ROAD, OR WHILST OUT OF THE VEHICLE. PARENTS/GUARDIANS NEED TO ACKNOWLEDGE THERE IS SOME ELEMENT OF RISK WHEN SIGNING THIS. SEAT BELTS TO BE WORN AT ALL TIMES-APPROVED CAR SEATS AS PER AUSTRALIAN STANDARDS AND REGULATIONS.	PROVIDER
Are there human hazards?	<input checked="" type="checkbox"/> Comment:	STRANGER DANGER – PARTICIPANTS CAN DEVELOP SAFETY AWARENESS WHEN OUT IN PUBLIC.	PROVIDER
Are there chemical hazards?	<input type="checkbox"/> Comment:	NONE KNOWN.	PROVIDER
Are there poisonous or dangerous plants?	<input type="checkbox"/> Comment:	NONE KNOWN.	PROVIDER
Are there fall, trip or slip hazards?	<input checked="" type="checkbox"/> Comment:	YES, PARTICIPANTS TO WALK IN / OUT CAREFULLY IF REQUIRED OR WAIT IN VEHICLE AT GATE.	PROVIDER
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	<input checked="" type="checkbox"/> Comment:	AS PER WEATHER ON THE DAY –	PROVIDER
Are there toilets/hand washing and water accessible?	<input checked="" type="checkbox"/> Comment:	YES, PARTICIPANTS TO STAY WITH PROVIDER – OLDER TOILET ON OWN.	PROVIDER
Is play equipment safe?	<input type="checkbox"/> Comment:	N/A	PROVIDER
Is the environment clean and safe?	<input checked="" type="checkbox"/> Comment:	YES.	PROVIDER
Is the environment smoke free?	<input checked="" type="checkbox"/> Comment:	UNKNOWN	PROVIDER
Is there mobile phone coverage?	<input checked="" type="checkbox"/> Comment:	YES – PROVIDER TO HAVE MOBILE PHONE AT ALL TIMES.	PROVIDER
Are there any other hazards not listed?	<input checked="" type="checkbox"/> List:	OBSERVE – SOME RISK ASSOCIATED.	PROVIDER
Individual PARTICIPANTS medication or other car needs? (Consideration of PARTICIPANTS with special needs e.g. asthma or anaphylaxis):	<input checked="" type="checkbox"/> List:	ALL MEDICATIONS ARE TO STAY WITH PROVIDER – NEEDS ARE AVAILABLE ON DROP BOX OR VIA HARD COPY KEPT WITH PROVIDER.	PROVIDER
Emergency contact numbers available:	<input checked="" type="checkbox"/> List:	PROVIDER TO HAVE MOBILE AT ALL TIMES – 0409274790.	PROVIDER
First Aid kit available:	<input checked="" type="checkbox"/> List:	FIRST AID IN CAR.	PROVIDER

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