Kat's Care Services 8 Stafford Road West Albury NSW 2640 ABN: 47 072 958 232

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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: 01:01:2024 Destination: Myrtleford Italian Festival participant directed within Beechworth − Note this when signing please. Route to Location: https://goo.gl/maps/AqKHA2vxTSSN27 Responsible Parent/Guardian Authorisations: I agree to the participant attending excursion as documented and approved by Service. Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Participant name: Participant name: Parent/Guardian Signature: Participant name: Participant name: Participant name: Parent/Guardian Signature: Participant name: Participant nam					
Route to Location: https://goo.gl/maps/AqKHA2ucMvaTSSN27 Proposed time of excursion: 8am till late Responsible Parent/Guardian Authorisations: I agree to the participant attending excursion as documented and approved by Service. Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Parent/Guardian Signature: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Parent/Guardian Signatur	Provider: Katrina Thompson	Date of Benefit risk assessment visit: 01:01:2024	Date of excursion: Current to 31/12/2024.		
Responsible Parent/Guardian Authorisations: I agree to the participant attending excursion as documented and approved by Service. Participant name: Parent/Guardian Signature: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Parent/Guardian		<u>irected</u> within Beechworth – Note this when signing	Routine: □ Non-Routine: □		
Authorisations: I agree to the participant attending excursion as documented and approved by Service. Participant name: Parent/Guardian Signature: Participant name:	Route to Location: https://goo.gl/maps/AqKHA2uc	:MvaTSSN27	Proposed time of excursion: 8am till late		
Participant name: Parent/Guardian Signature: Participant name: Participant name: Parent/Guardian Signature: Participant name: Participant name: Parent/Guardian Signature: Participant name: Parti	Authorisations: I agree to the participant attending excursion as documented and	Anticipated Number of Participants: 4-7	Approximate Duration: full day		
Participant name: Participant name: Participant name: Participant name: Participant name: Participant name: Parent/Guardian Signature: Parent/Guardian Signature	Participant name:	Parent/Guardian Signature:			
Participant name: Parent/Guardian Signature:	Participant name:	Parent/Guardian Signature:	Anticipated Number of Providers: 1		
Participant name: Parent/Guardian Signature: Participant name: Participant name: Parent/Guardian Signature: Participant name: Participant name: Parent/Guardian Signature:	Participant name:	Parent/Guardian Signature:	Other Adults Listed:		
Participant name: Participant name: Parent/Guardian Signature:	Participant name:	Parent/Guardian Signature:	1. Dane Kremers		
Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature:	Participant name:	Parent/Guardian Signature:	2. Tanika & Dakoda Thompson		
Participant name: Participant name: Participant name: Participant name: Parent/Guardian Signature: Participant name:	Participant name:	Parent/Guardian Signature:	Service Approval Signed:		
Participant name: Participant name: Parent/Guardian Signature: Participant name: Parent/Guardian Signature: Parent/Guardian Signature: Educational Outing Parent/Guardian Signature:	Participant name:	Parent/Guardian Signature:	Service Approval Date: 01:01:2024		
Participant name: Parent/Guardian Signature: Educational Outing	Participant name:	Parent/Guardian Signature:	Benefits of proposed excursions/outing and ac	tivities:	
Parant/Cupriding Cignatures	Participant name:	Parent/Guardian Signature:	Routine drop off/pick up		
Participant name: Parent/Guardian Signature: Nature experience	Participant name:	Parent/Guardian Signature:	Educational Outing	\boxtimes	
	Participant name:	Parent/Guardian Signature:	Nature experience	\boxtimes	

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Participant name:	Parent/Guardian Signature:	Developing communication skills	
Participant name:	Parent/Guardian Signature:	Extension of gross motor skills	
Participant name:	Parent/Guardian Signature:	Meeting new people or developing relationships	
Participant name:	Parent/Guardian Signature:	Learning about the community	
Participant name:	Parent/Guardian Signature:	New Opportunities to learn	
Participant name:	Parent/Guardian Signature:	(provide rationale below)	

Benefits of the Activity:

By engaging the participant in conversation whenever possible: including dinners together at a restaurant instead of in front of the television, we can better focus on conversation, whilst modeling:

- 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 while out socially, 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.

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Learning to successfully interact with others is one of the most important aspects of a participant's development, with far-reaching implications. Although most participants acquire social skills by example, and possibly osmosis, research clearly suggests participants with learning disabilities (LD) may have difficulty making and keeping friends. Adolescents with learning difficulties, have also been shown to interact less with their peers and to spend more leisure time alone, addicted to TV, computer games and the Internet. Outings to Myrtleford and surrounds ensure participants are stimulated in new surrounds whilst enhancing the above social skills.

Hazard's Identified	Comment if hazard identified	Precaution/Control Measures	Managed by who and when?
Are there water hazards (including water play)?	☑ List:	In town, monitor same.	PROVIDER
Are there traffic hazards?	☑ List:	Roads, participants to stay close always when crossing road. Young participants – must hold providers hand or pram. Seatbelts and car seats as per Australian Standards and regulations.	PROVIDER
Are there human hazards?	☑ Comment:	Stranger Danger, participants to stay close to participants and/or volunteers/outside service providers.	PROVIDER
Are there chemical hazards?	☐ Comment: N/A	None known.	PROVIDER
Are there poisonous or dangerous plants?	☑ Comment: N/A	N/A	PROVIDER
Are there fall, trip or slip hazards?	☑ Comment:	Yes, paths, gutters, steps, same to be monitored, participants warned of risk and taking precautions.	PROVIDER
Weather considerations? UV rating, gumboots, coat, hats, sun protection.	☑ Comment:	Hat, sunscreen excepting June/July, older to apply by self. Take back up clothes, jacket for colder weather.	PROVIDER
Are there toilets/hand washing and water accessible?	☑ Comment:	Public toilets. Older to go in together for safety, younger to go with provider.	PROVIDER
Is play equipment safe?	☑ Comment:	As per council standards.	PROVIDER
Is the environment clean and safe?	☑ Comment:	Human hazards, be aware of same.	PROVIDER
Is the environment smoke free?	☑ Comment:	May walk past same, encouraged to keep walking.	PROVIDER

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Is there mobile phone coverage?	☑ Comment:	Provider to carry mobile – 0409 274 790	PROVIDER
Are there any other hazards not listed?	☑ List:	Day to day unknown, participants to be mindful of same, addressed in notes upon return, back up volunteer taken for this reason.	PROVIDER
Individual participants medication or other car needs? (Consideration of participants with special needs e.g. asthma or anaphylaxis):	☑ List:	Medications to be carried with Provider including personal/medical information – same also available via drop box.	PROVIDER
Emergency contact numbers available:	⊠ List:	To be carried with Provider including personal/medical information – same also available via drop box.	PROVIDER
First Aid kit available:	☑ List:	Same kept in vehicle for outings.	PROVIDER

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