



## EOTC Event Proposal

(Not all sections will be relevant to every proposed EOTC activity)

Teacher In Charge (TIC)

The TIC should complete this form at the outset of planning for the EOTC activity. The TIC should already have received approval in principle for the proposed activity.

When approval is given, one copy of this form should be retained by the principal/ board of trustees and another by the TIC. The principal/board should be informed of any subsequent changes in planning, organisation and/or staffing.

### 1. Purpose of EOTC event.


### 2. Specific educational objectives and curriculum links.


### 3. Site/s where event will take place.


#### Dates and times.

Date of Departure

Date of return

Time

Time

### 5. Transport arrangements. Include names of transport company, volunteer drivers and vehicle registration numbers.


### 6. Details of outside provider/s to be used in the EOTC activities (if any).

Company Address


Company Address


Phone Manager


Phone Manager


**7. Proposed cost and financial arrangements.**


**8. Details of programmed activities.**


**9. Details of any hazardous activity and the associated planning, organisation and staffing.**  
(please attach RAMS or SAP form/s).


**10. Names, relevant experience, qualifications and specific responsibilities of *staff* accompanying the party.**


**11. Names, relevant experience, qualifications and specific responsibilities of *other adults* accompanying the party.**


**12. Name, address and telephone number of the school contact person who holds all information about the EOTC event in case of emergency.**


**13. Existing knowledge of EOTC event site and whether a pre-visit is intended.**


**14. Size and composition of the group:**

Age range			
Number of boys		Number of girls	
Adult/student ratio		Leader/participant ratio	

**15. Information on parental consent:**

Consent may precede or follow approval. Please attach copy of information being sent to parents and the parental consent form.

**16. Names and brief details of students with special educational or medical needs:**


Teacher in charge: full name

Signed

Date