**Class Confirmation Form**

* Required to be completed by EACH CLASS teacher,
* Completed form sent to admin@amarooeec.eq.edu.au at least x2 weeks prior to program booking date.
* **Please indicate completion of your responsibilities by selecting the checkboxes below.**

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| **Amaroo Environmental Education Centre (AEEC) Staff Responsibilities*** Create Curriculum Activity Risk Assessments for programs and provide these to Visiting Schools,
* Lead Curriculum Activities as qualified teachers,
* Provide safe access to grounds, equipment & learning materials for programs delivered,
* Provide clear routines, calm zones, and safe spaces.
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| **Responsibilities of Visiting School (VS) Staff**[ ] Read & be familiar with AEEC Curriculum Activity Risk Assessments relevant to your program,[ ]  Complete your own Curriculum Activity Risk Assessment for your student cohort,[ ]  Know and manage your students’ behavioural and medical needs during excursion,[ ]  Actively supervise students during break times,[ ]  Ensure Adult Supervisors have completed [Education Queensland's MAST training for Visitors](https://qed.qld.gov.au/workingwithus/induction/queenslandstateschools/Documents/key-messages-guide.pdf) *(documentation managed by visiting school)*, and are aware of their responsibilities during the excursion,[ ]  Collaborate with AEEC teachers to determine additional risks, hazards, and control measures. | **Expectations of Visiting School Adult Helpers**[ ]  Read & be familiar with AEEC Curriculum Activity Risk Assessments relevant to your program,[ ]  Completed [Education Queensland's MAST training for Visitors](https://qed.qld.gov.au/workingwithus/induction/queenslandstateschools/Documents/key-messages-guide.pdf) *(declarations managed by visiting school)*,[ ]  Actively supervise students during break times,[ ]  Follow the direction of AEEC staff. |

* **Please complete details below:**

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| **PROGRAM:** Choose an item. | **DATE:** Click or tap to enter a date. |
| **CLASS NAME:**  | **NUMBER OF STUDENTS:** |
| **VISITING SCHOOL:**  | **Est. ARRIVAL:** |
| **BUS COMPANY:** Choose an item.      | **Est. DEPARTURE:**  |
| **VISITING TEACHER:** | **CONTACT MOBILE:** |
|  **SUPPORT STAFF:** | **CONTACT MOBILE:** |
|  **SUPPORT STAFF:** | **CONTACT MOBILE:** |
|  **ADULT SUPERVISOR:**  | **CONTACT MOBILE:** |
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**STUDENT INFORMATION:**

* Fill out relevant student information that is pertinent to AEEC staff for safe program delivery, by completing all columns for identified students.

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| **FIRST NAME,****LAST NAME INITIAL** | **CONSIDERATION** | **RELEVANT INFORMATION/****Potential Impacts** | **MANAGEMENT REQUIREMENTS***(BY VISITING SCHOOL)* | **PROGRAM DIFFERENTIATION REQUESTED BY VISITING SCHOOL***(FOR AEEC)* | **REQUESTED DIFFERENTIATION NOTES** |
| *E.g.**Lee M* | *Health/ Personal Care* | *Anaphylaxis to tree nuts* | *Personal medical Device* | *Additional EpiPen by AEEC* | *Remove any tree nuts from activities* |
| *E.g.**Jessie T* | *Social/Emotional/ Behavioural* | *Difficulties self-regulating, runs away* | *Additional Supervision Supplied* | *AEEC Staff Awareness* | *Safe spaces discussed with AEEC**Road gate closed* |
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| **ANY ADDITIONAL NOTES FOR PROGRAM DELIVERY:** |
| **TO BE COMPLETED ON DAY OF PROGRAM DELIVERY** TOTAL NUMBER OF STUDENTS ON DAY OF PROGRAM  (*schools are only invoiced for students who attended booking)*  SIGNED:  |