



Post Activity Safe Ministry Report

Ministry Area :	Activity Name:	
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Director/s:

Paperwork

Was the Activity GO Approval Conditional ?	Yes	No
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If yes, were all conditions met prior to commencement of the activity ?	Yes	No
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If no, what conditions weren't met and why?

Do you need to submit any other documents/records related to this activity ?	Yes	No
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If yes, what forms are you attaching ?	Medication	Farm Visits	Transport	Other
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People

How many attended the activity ?

Volunteer Leaders:	Participants:	Day Visitors:	Staff:
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Program

Was there any significant changes to the program ?	Yes	No
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If yes, what were the changes ?

Place

Was there any significant changes to your site/location ?	Yes	No
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If yes, what were the changes ?

Reporting

Were there any incidents during the program requiring an incident report ?	Yes	No
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If yes, has an incident report been completed and submitted ?	Yes	No
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If No, please ensure it is completed and submitted with this report.

Was the ERT (Emergency Response Team) contacted ?	Yes	No
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Were there any disclosures or matters requiring mandatory reporting ?	Yes	No
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If yes, who was contacted and what was the outcome?

Have relevant documents been submitted to SU NSW?	Yes	No
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If No, please ensure this is sent to readyssetgo@sunsw.org.au as soon as possible.

Comments, concerns or feedback

<i>Office Use Only:</i>						
Report Received :	Follow up required :	Yes	No	Documents Attached :	Yes	No