Form: COVIDSafe controls for off campus activity

HSW-OSP-PR14.4.1-FM03

Instructions:

1. Obtain endorsement from your ELG member that this activity is essential
2. Complete form in consultation with any other staff involved with the activity
3. Send form to ELG member for approval of activity
4. Applicant to retain form signed and approved by ELG member

Section A: all applications	
Request initiated by	
Department and Management Unit	
Date	
Step 1: Activity details	
Date(s) of activity	
Provide a detailed description of the activity. Include the unit/course code and name where relevant.	
How many staff and students are involved in the activity *Note: staff to keep attendance records of all attendees (e.g. staff and students)*	
Location(s) of activity	
Duration and frequency of activity (e.g. how long and how often)	
Step 2: Identify and document controls	
1. **Is the activity permissible under the current Victorian Department of Health and Human Services restrictions?**	☐ Yes. ☐ No. If no, contact Health, Safety and Wellbeing before proceeding.
2. **If the activity is occurring interstate, is the activity permissible under the respective states COVID-19 restrictions?**	☐ Not applicable ☐ Yes. ☐ No. If no, contact Health, Safety and Wellbeing before proceeding.
3. **Is the activity occurring in an enclosed space?**	☐ Yes. Confirm with the host at the venue the maximum number of attendees able to attend. Date completed: _____ ☐ No. The activity is occurring outside. Confirm the activity (including number of participants) complies with the relevant state health department restrictions. Date completed: _____

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4.	**Can the activity/environment facilitate the 1.5m physical distancing requirement between parties in all directions?**	☐ Yes. Confirm with the host at the venue what physical distancing requirements will apply. Date completed: _____ ☐ No. If no, explain why existing COVIDSafe controls are unable to be complied with and detail the controls required for activity (e.g. PPE etc.) ☐ Not Applicable. In line with the health directions, there are no physical distancing requirements for the activity to occur (e.g. eating at a restaurant).
5.	**Will SUT staff and/or students be exposed to surfaces or equipment likely to be touched by multiple people? This may include handling or using products/equipment/papers touched by others.**	☐ Yes. Confirm there are appropriate hand hygiene measures at the venue or SUT will bring hand sanitiser Date completed/to be completed: _____ ☐ No. No additional controls required.
6.	**Have all activity attendees been advised not to attend if unwell?**	☐ Yes. Date completed/to be completed: _____
7.	**What are the expected travel arrangements?** *Select as many options as applicable.* Travel advice: Preferred option is for parties to travel in a vehicle individually. Where this is not practical, shared car travel or public transport can be considered. Information on shared vehicle travel is can be found here. For information on using public transport, visit the Public Transport Victoria (PTV) website.	☐ All parties travel independently by private vehicle No controls required. ☐ Multiple parties/single parties travel via SUT pool vehicle - Review and implement controls listed here - Review and implement "clean as you go" cleaning process for pool vehicle Date completed/to be completed: _____ ☐ Multiple parties travel together via private vehicle - Review and implement controls listed here Date completed/to be completed: _____ ☐ Parties will take public transport - Provide parties with COVID-19 related advice from PTV on using public transport Date completed/to be completed: _____

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8. Name of SUT representative responsible for the off campus activity who will monitor and supervise implementation of controls at the activity	

Step 3: Request submission		
What is the impact if this request is not approved?		
Applicant	*Signature:*	*Date:*
Approver (ELG member)	*Signature:*	*Date:*