



TCBA RISK ANALYSIS MANAGEMENT SYSTEM FORM FOR OFF COURT ACTIVITY

Team: _____ Date: _____

Time: _____ Venue(S): _____

List confirmed Team members attending:

List Supervisors and their role:

List potential risks of undertaking activity considering both physical and mental wellbeing for participants. How will you minimise risk?

PARTICIPANTS

List family / whanau participants:

List potential risks of including family / whanau participants. How will you minimise risk?

List outside participants and their role:

List potential risks of including outside participants. How will you minimise risk?

TRANSPORT

Explain process, personal responsibility to get to venue / organized meeting point and organized carpooling from there.

List potential risks involved with transport. How will you minimise risk?

FINANCIAL (PLEASE ATTACH SIMPLE BUDGET)

Are you collecting money from participants? Yes / No

List potential risks involved with collecting money. How will you minimise risk?

Form submitted by: _____

Signed: _____ Date: _____

Activity approved / not approved by TCBA Director of Development.

Signed: _____ Date: _____