Program Approval Form

*This form is to be used for any youth/children’s activities that are held in the name of The Salvation Army. Only programs and events that are approved and show evidence of safe plans and safe people can be granted permission to proceed from the corps officer and Divisional Support Officer.*

*ONGOING PROGRAMS VERSUS EVENTS: For ongoing programs such as weekly children’s or youth ministries, Program Approval should be renewed annually. For a one-off event such as a jumping castle, picnic, camp or any activity off site, Program Approval is required for each event.*

*Return to your Divisional Support Officer at least* ***ONE MONTH PRIOR*** *to the activity. This form is necessary for insurance purposes. Attach the completed Activity Risk Assessment to this form (plus any other relevant documents) to indicate that proper consideration has been given to possible risks.*

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|  | **TO THE DIVISIONAL SUPPORT OFFICER** | |  |
|  | Corps: | | Section: |
|  | **Requests approval to undertake the following activity:**  Type of activity: (e.g. picnic, camp, etc)  Location: (give as much detail as possible, e.g. name of site, address, nearest town) | | |
|  | Date: | Time: from       to | |
|  | Nearest medical help (doctor/medical centre/hospital): | | |
|  | Person/s responsible for first aid and qualification: | | |
|  | Leader in charge: | | |
|  | Other leaders: | | |
|  | Number of members attending and age range of members: | | |
| Sign | Leader’s signature: | | |
| Sign | Corps Officer’s signature: | Date: | |

If undertaking specialised/hazardous activities (e.g. swimming, abseiling) a leader experienced in this activity **must** be present. Medical forms for ALL participants including Medicare numbers **MUST** be taken to activities away from the main site with permission forms from parents/caregivers.

**REMEMBER there is no insurance cover for personnel or equipment being used in activities that is not approved by The Salvation Army.**

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|  | **DIVISIONAL SUPPORT OFFICER RESPONSE** | | **DIVISIONAL SUPPORT OFFICER to keep this form on file** |  |
|  | **To:** Corps | Leader | |  |
|  | Approval is given / not given**\*** for the       section to hold their  at       . | | |  |
|  | \* Reason for not approving this activity: | | |  |
| Sign | Divisional Support Officer’s approval has been given for this activity to proceed:  Divisional Support Officer name & signature:       Date: | | |  |