



St Francis of Assisi
PARISH PRIMARY SCHOOL

STUDENT SAFETY WITH EXTERNAL PROVIDERS POLICY

Rationale

The purpose of this policy is to provide a framework to guide decision-making and action in the area of student safety when learning with an external provider.

Aims

1. To ensure that a proactive approach to student welfare and safety is maintained at all times whilst a student is engaged in formal learning.
2. To clarify responsibility for student welfare and safety when learning with an external provider.
3. To ensure that all parties – the school, the student, the family and the External Provider – understand their responsibilities and commitments.

Guidelines for Implementation

1. The Principal will ensure that all external providers engaged by the school enter into a Memorandum of Understanding which outlines:
 - a. the nature of the service or program to be provided
 - b. the details of delivery
 - c. the processes that are in place to ensure the the welfare and safety of students whilst engaged in the program
 - d. the manner in which regulatory/compliance will be met by the provider
 - e. the responsibilities and commitments of the school, the external provider and the students
 - f. the costs involved
 - g. dispute resolution procedures
2. The Principal will be the key contact person at the school for all parties associated with the external provider
3. Parents will provide written and informed consent for the involvement of the student in the external program
4. Any concerns or queries about the external program, the external provider or student welfare, learning and safety will be directed to the Principal

Evaluation

This policy will be reviewed as part of the schools cyclical review process.

**MEMORANDUM OF UNDERSTANDING
EXTERNAL PROVIDERS ENGAGED BY THE SCHOOL**

Name of Organisation/Group/Provider:

Name of Person in Charge:

Contact Phone Number: BH AH: Mobile:

Working With Children Check No: Expiry Date: (Attach copy)

Description of the nature of the service, activity or program being provided:

Area of school to be utilised:

Day/s Required:

Period Required: Start Date End Date

Time/s Required: Start time am/pm Finishing time am/pm

Access to Toilets Required: Yes/No

First Aid Materials Supplied: Yes/No

Public Liability Insurance details (Attach copy)

Signature

_____ **Date: ____ / ____ / ____**

Authorised representative of Organisation/Provider

School Principal