Application No. (office use only



Department for Education and Child Development

OVERSEAS TRAVEL

STUDENT EXCURSION APPLICATION PACKAGE

for

(School/Site Name)	
(Destination)	
to	
(Dates)	

GROUP OVERSEAS TRAVEL APPLICATION

CHECKLIST FOR APPLICATION

To be submitted with application

	licant to tick to confirm that the following requirements have been met prior to mission to principal/line manager:
	I have read and understood the DECD Overseas Travel Policy and the Overseas Travel Procedures - Student Excursions and this application complies with these requirements.
	The expected outcomes of the travel cannot be achieved in any other way.
	This travel application is supported by the site/school annual/business plan or other documentation e.g. invitations, letters and conference brochures.
	I have checked the DFAT website for travel advice warnings for the destinations of my travel and assessed that travel is allowed according to the DECD Overseas Travel Policy and the Overseas Travel Procedures - Student Excursions.
	I have considered the health information about the destinations and have notified students and parents/caregivers of immunisations and other precautions that could be taken before the trip occurs.
	The information provided in this application is true and accurate and all parts of the application form have been completed with the required details.
	licant to tick to indicate that copies of the following documents have been ched to this application:
	A <u>full travel itinerary</u> that includes details of activities for each day of the trip and contact details according to <i>Attachment 1</i> .
	A risk management plan according to Attachment 2.
	A copy of insurance coverage for students and any non-DECD people travelling.
	A letter from each non-DECD person indemnifying the Minister from liability.
	A copy of DCSI screening clearances for any non-DECD people aged 18 years or over travelling with the group.
App	licant to tick to indicate their awareness of their following responsibilities:
	The applicant is responsible for ensuring that a post travel report is submitted within sixty (60) days of return to the Office for Education or their Executive Director/Deputy Chief Executive for auditing purposes.
	The applicant is responsible for providing a reconciliation of expenses for each DECD traveller where government funds (this includes school funds) are used for this travel, as part of their post travel report.
	The applicant is responsible for ensuring that any variations to travel are managed in accordance with the DECD Overseas Travel Policy and Procedures.
	The applicant is not able to travel overseas as an on-duty DECD employee without the Deputy Chief Executive, Resources' approval.

APPLICANT DECLARATION

I declare that this group app Application on Page 2.	lication to travel complies with	all parts of the Checklist for	
Name:	Signature:		
Date:			
Procedures:	ivel complies with the DECD		
Principal/Line Manager	Education Director / Director	Executive Director / Deputy Chief Executive	
Name:	Name:	Name:	
Title:	Title:	Title:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	
Comments:	Comments:	Comments:	
APPROVAL TO TRAVEL OVI DELEGATE APPROVED / NOT APPROVE	ERSEAS ON DUTY BY THE CH	HIEF EXECUTIVE'S	
DEPUTY CHIEF EXECUTIVE,	RESOURCES		
Date:			

PART A

APPLICATION SUMMARY

Application Details			
GENERAL			
Group Leader's Name	:		
Number of Participants (including Group Leader)			
DESTINATIONS List of countries being	visited:		
Country		DFAT warning level (as per Overseas Travel Poli	cy – sourced from DFAT
1.		website www.smarttraveller.c	gov.au)
2.			
3.			
4.			
DATES OF TRAVEL	,		
Date of departure:		Date of return:	
Number of days travelling:			
SCHOOL DAYS/SCH	OOL HOLIDAY DAYS		
Number of <u>school</u> <u>days</u> travelling:		Number of <u>school</u> <u>holiday days</u> travelling:	
	I travellers, and should	be the combined totals for each DECD staff me	
To Applicants:	\$		
To DECD for salaries:	\$		
To DECD for staff replacement costs:	\$		
To DECD for other costs:	\$	(eg. airfares, insurance conference costs etc.)	e, accommodation,
Other sources:	\$	Source of funds:	
TOTAL:	\$ 0.00		

STUDENT TO STAFF RATIO			
	N	ue.	
Number of students travelling:	Number of staff tra	veiling:	
Does this comply with the approved ratio of s	staff to students?	☐ Yes	□No
If (No) please provide reasons:			
NON-DECD TRAVELLERS			
Number of non-DECD people travelling (if			
applicable)?	abaut Oriminal His		for these
Please also complete the section below	about Criminal His	ory clearances	tor tnese
non-DECD travellers.			
Non-DECD travellers (ie parents,	<u>siblings)/Criminal H</u>	<u>istory Clearance</u>	<u>S</u>
All non-DECD travellers in the group as Department for Communities and Social I			
Do all non-DECD travellers aged 18 years clearance?	or older have a curr	ent DCSI Crimin	al History
☐ Yes ☐No			
Copies of the letters of clearance should	be attached to this a	pplication.	
Accomm	odation type		
Please indicate which types of accommod	dation the students	will be staying in	during
their trip:		, 3	3
☐ Homestay/billet (see section below) ☐ Hotel/motel	□Dormitory □Campgrour	ıd	
☐ School grounds (ie gymnasium)	□Other		

Homestay		
Schools must be satisfied that all persons living in a hor years or older have a current criminal history clearance.	mestay/billet hor	ne who are aged 18
Has this verification been provided to the school?	□ Yes	□No
If criminal history clearances are not available in the counoccurring, or evidence of clearances has not been absenvelved in the trip must send a letter to parents explaining to regarding the homestay/billet being a child safe environments must then be attached to this application.	ole to be providing the limits of v	ed, the DECD sites what can be attested

PART B

GROUP LEADER DETAILS

Group Leader Details					
Name:					
Position/Title:					
Site/School:					
DECD ID number:					
ECD Local Partnership:					
Contact Phone (work):					
Contact Phone (home):					
Contact Phone (mobile):					
Contact Fax:					
Contact email:					
NEXT OF KIN Name:					
Relationship:					
Contact Phone:					
Contact Frione.					
Overess Treval Burns	and Objectives				
Overseas Travel Purpose and Objectives					
Explain how this overseas travel directly benefits the department.					
Explain how the purpose of this visit is linked to the department's goals and objectives.					
Explain how this visit is linked to	the schools annual plan.				

What alternatives to overseas travel have been considered?

Explain alternatives to travel that have been considered to achieve the same purpose and objectives, and why travel is considered to be more appropriate.

Selecting Flights - (See Overseas Travel Policy, Section 5.1)

Employees travelling with students are not mandated to use the government travel provider, but may choose to do so. Schools should get several quotes for travel to ensure value for money.

Tickets may be tentatively booked but <u>must not be purchased</u> until the Deputy Chief Executive's approval has been obtained.

Please attach the following to this application:

- 1. Full travel itinerary and contact details. (Use template Attachment 1)
- 2. Risk Management Plan. (Use template Attachment 2).

PART C

DETAILS OF <u>ALL MEMBERS</u> OF THE TRAVELLING GROUP

Name	Relationship to the group (ie, student, DECD staff member, or non-DECD person. For a non- DECD person, please indicate their relationship to the student/staff member travelling).	School/Site	Emergency Contact Number	DECD ID number (staff only)	Year level (students only)

(If your group has more than 14 travellers, additional Part C forms can be downloaded from the DECD intranet, SSO net or Leaders Desktop)

PART D

TRAVEL HISTORY, FINANCIAL ACCOUNTABILITY and HEALTH DECLARATION

Individual Part Ds to be completed for each group member who is a DECD employee

(additional Part D forms can be downloaded from the DECD intranet, SSO net or Leaders Desktop)

To be completed by each group member who is a DECD employee.

Name:	
DECD ID no:	
School/Site:	
Email address:	

TRAVEL HISTORY

Details of previous work-related overseas travel within the <u>last three years</u>

Provide details of when each trip occurred, the destination(s), duration of visit and purpose of the visit. If there is insufficient space below, attach a separate list.

Year	Destination/s	From	То	Reason for Travel	Was a Post Travel Report filed? YES/NO

FINANCIAL ACCOUNTABILITY

Estimated cost of proposed travel (To be completed by each DECD employee travelling)

NAME:	So (Please make s			
	Site/School Business Unit	Personal Funds	Other (Specify below) (Note 3)	TOTAL ESTIMATED COSTS
Return Airfares & Taxes				\$0.00
Insurance Note1				\$0.00
Accommodation				\$0.00
Per Diems				\$0.00
Local Transport				\$0.00
Course/Conference Fee				\$0.00
Salary (as calculated below) Note2				\$0.00
Staff replacement (MUST specify)				\$0.00
Other (specify)				\$0.00
Total Expenses	\$0.00	\$0.00	\$0.00	\$0.00

Note 1

If DECD is completely funding the travel (ie, no funding from parents, third party organisations or the traveller themselves) then travel insurance is covered by the South Australian Government's own insurer, SAICORP. If any part of the travel is funded from a source other than DECD, then the traveller will need to arrange private travel insurance.

Note 2

To calculate the salary amount, use the formula below:

- 1. **Calculate daily salary**: daily salary = fortnightly salary/10
- 2. **Calculate salary for the number of days overseas**: Salary for the number of days overseas = daily salary X number of days overseas
- 3. **Calculate total salary amount**:
 Total salary amount = salary for the number of days overseas X 1.244

Note 3

Specify name of organisation/individual providing funds:

HEALTH DECLARATION

Name:	
Do you have any existir participation in the activity	ng medical or physical conditions which could affect your safe you are undertaking?
□Yes □	No
If "Yes", please provide an accident or emergence	any relevant details, which would be required in the event of
Special conditions/Requ	irements:
Other health risks:	
Signature:	Date:

TRAVEL ITINERARY AND CONTACT DETAILS TEMPLATE

Group Leader's Name:

Please attach a detailed itinerary, or complete the template below.

You must include the following details in date/time order:

- Date and time of departure and return, with flight details.
- Details for all **accommodation** (name, address, phone number and email address) during the time you are undertaking departmental business.
- Details of all **meetings/visits** you are undertaking as departmental business (including date and time of meeting/visit, the meeting/visit contact person, their contact details, and the address of the meeting/visit).

Date	Time	Activity	Contact Details

(additional itinerary sheets can be downloaded from the DECD intranet, SSO net or Leaders Desktop)

RISK MANAGEMENT PLAN FOR GROUP OVERSEAS TRAVEL

Take this section and all the attachments with you on the trip.

Group Leader's Name:				
Contact details of Australian embassy/consulate in travel destinations:				

GROUP LEADER'S GUIDE FOR MANAGEMENT OF SPECIFIC RISKS

Risk 1: Natural Disaster, Political Unrest or Threat to Group's Safety

- 1. Seek travel advice from DFAT www.dfat.gov.au or the local Australian embassy or consulate.
- 2. Contact the line manager/principal who will manage this as a critical incident using *DECD Critical Incident Policy*.
- 3. Decide on an action plan with the line manager/principal.
- 4. Make arrangements to return to Australia immediately if level of travel advisory is raised to level 3 or 4, or in the case of student excursions, raised to levels 2, 3 or 4.
- 5. Include details of the event in the *Overseas Post Travel Report*.

Risk 2: Accident, Injury or Illness

- 1. Seek medical advice and care, including hospitalisation.
- 2. Inform participant's emergency contact person and travel insurance company and follow advice.
- 3. Inform line manager/principal who will manage it as a critical incident, using *DECD Critical Incident Policy*.
- 4. Include details of the event in the Overseas Post Travel Report.

Risk 3: Lost or Stolen Passport

1. Report the loss or theft of your passport as soon as possible as this is required by law. It can be reported on-line or at the nearest Australian embassy/consulate. www.dfat.gov.au

Risk 4: Inappropriate Student Behaviour/Student Lost or Missing from Group

- 1. Develop a student management plan endorsed by the principal prior to travel.
- 2. Implement the endorsed plan as necessary, following the DECD Critical Incident Policy as appropriate.
- 3. Include details of the event in the Overseas Post Travel Report.