

External Day Excursions Risk Assessment Form

To be submitted 48 hours prior to the event

Thank you for completing this form which if needed will assist with contact tracing.

We will not make contact with the organizer, unless we wish to ask some questions of the event.

Resident First and Last Name			
Area in Maroba where the resident reside	<input type="checkbox"/> Honeysuckle <input type="checkbox"/> Nobby's <input type="checkbox"/> The Hill <input type="checkbox"/> Waratah <input type="checkbox"/> Blue gum <input type="checkbox"/> Jacaranda		
Date of Excursion		Pick up Time	
Return Date		Return Time	
Reason for Excursion	<input type="checkbox"/> Medical Appointment <input type="checkbox"/> Dental Appointment <input type="checkbox"/> Social		
Name and number of person accompanying the resident			
If Medical or Dental Appointment Name of Business and Address			
If Social Appointment- Street Address			
Number of People Attending			
I agree to: <ul style="list-style-type: none"> Abide by the current Public Health (COVID-19 General) Order 2021 (the Order); and Please read Additional information for visits and outings at a residential aged care facility (RACF). 			
Name of Person Completing the Form			
Contact Number			
Signature		Date	

Please return by either hand delivering to reception or email to enquiries@maroba.com.au and ensure the all sections are completed correctly.