Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Adviser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity No: \_\_\_\_\_\_ Version No. \_\_\_\_\_

Type of Activity: \_\_\_\_\_\_ Individual \_\_\_\_\_\_ Group

Strand (Please check all applicable)

\_\_\_\_\_\_ Service \_\_\_\_\_\_ Action \_\_\_\_\_\_ Creativity \_\_\_\_\_\_ Leadership Enhancement

Learning Outcomes (Please check all applicable)

\_\_\_\_ O1 \_\_\_\_ O2 \_\_\_\_ O3 \_\_\_\_ O4 \_\_\_\_ O5 \_\_\_\_ O6 \_\_\_\_ O7 \_\_\_\_ O8

|  |
| --- |
| I. General Description of Activity |
| II. Objectives |
| III. Persons Involved**Activity Adult Supervisor** |
| Name | Designation/Position | Company/ Organization/ Affiliation | Contact number and Email |
|  |  |  |  |
| **Other Persons Involved** |
| Name | Designation/Position | Company/ Organization/ Affiliation | Contact number and Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| IV. Materials / Resources Needed |

V. Timeline:

Specify details for each stage of the proposed activity.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Events | People Involved | Duration *(Days/ Weeks)* | Total Hours | Remarks/ Comments  | Date of Completion | Signature of Adviser |
| Planning and Preparation |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Implementation |  |  |  |  |  |  |  |

**Reviewed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

*Name and Signature of SCALE Adviser Date Reviewed*

VI. Activity Risk Assessment

Venue and Locality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Duration of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazards1 /Risks2 Identified | Persons at Risk | What precautions are in place? OrHow is the risk controlled?3 | Person/s responsible for control | What further control/ actions are needed? 3 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**1**Hazard is anything that could cause harm; **2** Risk is the chance that someone will be harmed by the hazard; **3**Action that will reduce the potential harm

Based on the identified significant hazards, do you think there are satisfactory precautions in place? \_\_\_ Yes \_\_\_ No

If No, which specific hazard/s are you most concerned about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of Student Date Prepared

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Adult Date Reviewed Relationship to Student

**CERTIFICATION:**

**I certify that I have understood the potential hazards and risks that may be encountered by my child/ ward, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Parent/ Guardian Date Reviewed

VII. Activity Expenditures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | Projected Amount  | Quantity / Frequency | Subtotal | Projected Schedule of Expenditure (Month) |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| **GRAND TOTAL** |  |  |

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Name and Signature of Student Date Prepared

**CERTIFICATION:**

**I certify that I have understood the potential expenses that will be incurred, as well as the benefits that my child/ ward will be getting from the said SCALE activity. With these knowledge, I am allowing him/her to undertake the said SCALE activity as part of his/her SCALE program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Parent/ Guardian Date Reviewed