Championship / Event date/s

Host (District/Region / QRSS-SO/ SSA Member

**Body or Organisation)** 

## Queensland Representative School Sport



## Official

**Sport** 

Signature

Signature

Name (please print)

- Complete the QRSS Training Schedule Form with all required information (including risk assessment form).
- Attach copies of all required guotes and hire details, where required.
- Forward all forms and documentation to the responsible officer at that level of the pathway for approval.
- A new training schedule form must be re-submitted to the responsible officer at that level of the pathway for approval if any changes are required.

**Age Group** 

## **Representative School Sport Office**

Championship / Event name/s

- Check the Training Schedule and risk assessment provided in consultation with the Sport Executive (if required), and
- Return email the approval notification to Team Officials.

Officials in attendance	School	of official		
pprovals				
Principal / DoE Line Manager Approval				
Name (please print)	School			
Signature	Date			
Responsible Officer at that level Approval				
Name (please print)	School			

Date

School

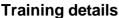
Date



Sport Executive Approval (for Queensland team training only)



## Queensland Representative School Sport



Training details (To be completed by official in consultation with QRSS Officer responsible at that level)

Training venue	Training days & dates	Times

