



# Social Activity Planning Template

Proposed date	Proposed length of time
Is this activity on-site at the aged care centre? Yes/No	If no, where will this activity be held?
Brief description of the activity	Has a Venue Details form be completed? Yes/No
	(A venue details form must be completed if this activity is conducted off-site)  Activity Coordinator Name:   Staff who will be assisting:

The following issues need to be considered:

How many residents can participate?	Activity start time: _____ Finish time: _____
What are the risks of this activity?	
How will you manage the risks?	
How will you encourage residents to participate?	
What might the residents gain from participating in this activity?	