

CAMP/ ADVENTURE BASED EVENT OUT. 01 APPLICATION FORM



GIRL GUIDES
AUSTRALIA

IMPORTANT INFORMATION

For specific rules and requirements for camp/activity, refer to *Guide Lines*: www.guidelinesforgirlguides.org.au

- All campsites must be approved by the relevant state authority.
- All youth participants must complete an **ADM.27 Activity Consent form** before attending.
- All adult participants should complete an **ADM.28 Adult Information Form** for Activities before attending.
- If girls from different Units / Districts are participating, their District Manager must be advised by the Leader in Charge.

SUPERVISION REQUIREMENTS

- Adult ratio varies according to the ages of the girls.
- Refer to 'Ratios at a Glance' : www.guidelinesforgirlguides.org.au/ratios-at-a-glance/

SUBMISSION TIMELINE

LEADER IN CHARGE

- Camp (with camping qualifications)
- Adventure-based activity

One month prior to camp or activity

LEADER

- Camping with another Unit where LiC has camp qualifications
- Requesting assessment
- Less than 24 hour indoor overnight stay
- Trefoil 3 assessment / Patrol camp

One month prior to camp or activity

ALL LEADERS

- If camping under special conditions eg. Over 50 participants or Interstate activities

Six weeks prior to camp

This form is to be completed by a LiC of camp / activity.

1 LEADER IN CHARGE DETAILS - Qualifications, First Aid and CPR currency.		
Given Name		
Surname		
Address		
	State	Postcode
Phone	Mobile	
Email		
Membership number		
Working with Children		
Police Check (If Relevant)		
First Aid current until		
CPR current until		
First Aid Qualification held		
Outdoor Module/s held if any		

2 EVENT DETAILS	
DATE OF CAMP / ACTIVITY	
From	
To	
TYPE OF CAMP / ACTIVITY	
<input type="checkbox"/> < 24 hours indoor overnight stay	<input type="checkbox"/> Indoor
<input type="checkbox"/> Outdoors (bush)	<input type="checkbox"/> Expedition (controlled)
<input type="checkbox"/> Outdoor (established)	<input type="checkbox"/> Expedition (wilderness)
<input type="checkbox"/> Assessment	<input type="checkbox"/> Trefoil 3/Patrol camp
<input type="checkbox"/> Interstate camp	<input type="checkbox"/> Adventure-based activity
NAME / ADDRESS AND LOCATION OF CAMP / ACTIVITY	
Please attach a map if campsite / location warrants this	

3 PARTICIPANTS

Units/Districts or Regions participating

If joint camp / activity, name of other organisations participating

Number of girls in each age group attending the camp / activity

5-9 YEARS

9-14 YEARS

14-17 YEARS

ADULT STAFF IN ADDITION TO LIC

Position	Additional First Aider	Member number
Name		
WWCC number	Expiry DD / MM / YY	
First Aid number	Expiry DD / MM / YY	
CPR number	Expiry DD / MM / YY	
Police Check number	Expiry DD / MM / YY	
Position	Member number	
Name		
WWCC number	Expiry DD / MM / YY	
Police Check number	Expiry DD / MM / YY	
Position	Member number	
Name		
WWCC number	Expiry DD / MM / YY	
Police Check number	Expiry DD / MM / YY	
Position	Member number	
Name		
WWCC number	Expiry DD / MM / YY	
Police Check number	Expiry DD / MM / YY	
Position	Member number	
Name		
WWCC number	Expiry DD / MM / YY	
Police Check number	Expiry / /	

Please attach additional pages for more staff

4 ACTIVITIES

List each Adventure-based activity and number of participants per line. List details of other activities undertaken eg. bushwalk, water activities.

Adventure-based activity	Number of participants	Activity Provider details

Please attach additional pages for more activities.

5 LIC CHECKLIST

- I have attached the risk management plan
- I have read *Guide Lines*
- I have distributed activity consent forms (as appropriate)
- I have checked Instructor/s qualifications is/are current
- I have notified my appropriate manager
- I have checked the First Aid kit
- I have considered transport to and from camp / activity
- I have checked local fire restrictions
- I have visited/checked the camp/ location
- I have checked arrangements for cooking, water, toilet facilities, fire/gadget wood

6 LODGEMENT

LiC Name	
Member number	
Signature	
Date	DD / MM / YY
District Manager/Region Manager Approval	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
DM / RM Name	
Position	
Member number	
Signature	
Date	DD / MM / YY
Relevant Region / State Authority	
Name	
Position	
Member number	
Signature	
Date	DD / MM / YY