## CAMP/ ADVENTURE BASED EVENT OUT. 03 EVENT REPORT



This form is to be completed by the qualified camp / activity LiC after a camp/activity is held.

On completion forward to relevant Region/State authority within one month of camp/activity.

CAMP/ACTIVITY DETA	AILS		ADULT STAFF
DATE OF CAMP / ACTIVITY	,		Position
			Name
From D D / M M /			WWCC number
To D D / M M / Y Y Y Y			Police Check number
UOTIFICATION TO HOLD O	******************************	V OFNIT TO	Position
NOTIFICATION TO HOLD CA			Name
lame	D	ate DD/MM/YY	WWCC number
YPE OF CAMP / ACTIVITY			Police Check number
<24 hours indoor overnig	jht stay	Indoor	Position
Outdoors (bush)		Expedition (controlled)	Name
Outdoor (established) Assessment		Expedition (wilderness)	WWCC number
		Trefoil 3/Patrol	Police Check number
Interstate camp	_		Position
		Adventure-based activity	Name
		•	WWCC number
CAMP/ADVENTURE ACTIVI		I	Police Check number
lame of campsite / activ	ity site		Position
			Name
			WWCC number
CTIVITIES			Police Check number
and the second of the second o	St. Sterrick and all the contract to the		Folice Check number
			Position Position
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2 PARTICIPANTS  Jnits	dertaken eg. bu	shwalk, water activities.  Activity	Position  Name  WWCC number  Police Check number  Position  Name  WWCC number  Police Check number  6 LODGEMENT  Were there any accident  NO YES > Attack
ist details of other activities under activities under activity  2 PARTICIPANTS  Units	dertaken eg. bu	shwalk, water activities.  Activity	Position Name WWCC number Police Check number Position Name WWCC number Police Check number  6 LODGEMENT Were there any accident
2 PARTICIPANTS Units Regions Indicate the number of gi	Number of participant	shwalk, water activities.  Activity Provider details	Position Name  WWCC number  Police Check number  Position  Name  WWCC number  Police Check number  Colored the service of the
2 PARTICIPANTS Units Regions Indicate the number of gi	Number of participant	shwalk, water activities.  Activity Provider details	Position Name  WWCC number  Police Check number  Position Name  WWCC number  Police Check number  Colored Police Check number  Action  NO YES > Attack (Notification)  Leader in Charge Name
Units Regions Indicate the number of gi the camp/activity	Number of participant	shwalk, water activities.  Activity Provider details  ge group attending	Position Name  WWCC number  Police Check number  Position Name  WWCC number  Police Check number   6 LODGEMENT  Were there any accident  NO YES > Attack (Notif)  Leader in Charge Name  Member number  Date  I agree that the LiC should
2 PARTICIPANTS Units Regions Indicate the number of githe camp/activity 5-9 YEARS Does this include any me	Number of participant	Activity Provider details  ge group attending  14-17 YEARS a disability?	Position Name  WWCC number  Police Check number  Position Name  WWCC number  Police Check number  Colored Police Check number  Mere there any accident (Notification Charge Name)  Leader in Charge Name  Member number

ADULT STAFF		
Position	Member number	
Name		
WWCC number	Expiry D D / M M / Y Y	
Police Check number	Expiry D D / M M / Y Y	
Position	Member number	
Name		
WWCC number	Expiry D D / M M / Y Y	
Police Check number	Expiry D D / M M / Y Y	
Position	Member number	
Name		
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Position	Member number	
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Position	Member number	
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WWCC number	Expiry D D / M M / Y Y	
Police Check number	Expiry D D / M M / Y Y	
Position	Member number	
Name		
WWCC number	Expiry D D / M M / Y Y	
Police Check number	Expiry D D / M M / Y Y	

6 LODGEMENT			
Were there any accidents or incidents?			
NO YES > Attach a copy of a completed ADM24 A or B (Notification of Accident/Incident Form)			
Leader in Charge Name			
Member number	Signature		
Date	D D / M M / Y Y		
I agree that the LiC should have this module Endorsed District/Region Manager or relevant State Authority			
Name	Member number		
Signature	Date DD/MM/YY		

## CAMP/ ADVENTURE BASED EVENT OUT. 03 EVENT REPORT



Evaluation of Camp/adventure-based/Event report.  Also to include evaluation of the site and facilities of the camp, Adventure based activity or event.				

**INSTRUCTIONS:** PLEASE FORWARD TO YOUR STATE OFFICE ON COMPLETION.