

CAMP/ ADVENTURE BASED EVENT OUT. 03 EVENT REPORT



**GIRL GUIDES
AUSTRALIA**

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.

1 CAMP/ACTIVITY DETAILS		
DATE OF CAMP / ACTIVITY		
From	D D / M M / Y Y Y Y	
To	D D / M M / Y Y Y Y	
NOTIFICATION TO HOLD CAMP/ACTIVITY SENT TO		
Name	Date D D / M M / Y Y	
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	
CAMP/ADVENTURE ACTIVITY LOCATION		
Name of campsite / activity site		
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

2 PARTICIPANTS		
Units		
Regions		
Indicate the number of girls in each age group attending the camp/activity		
5-9 YEARS	9-14 YEARS	14-17 YEARS
Does this include any members with a disability?		
<input type="checkbox"/> NO	<input type="checkbox"/> YES Please provide details	

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	
WWCC number	Expiry D D / M M / Y Y
Police Check number	Expiry D D / M M / Y Y
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Name	
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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?	
<input type="checkbox"/> NO	<input type="checkbox"/> 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 D D / M M / Y Y

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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.