



# Girl Guides Australia Camp / Adventure-based / Event Report

**OUT.03**

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  To

### Participants

Units   
Region

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?

No  
 Yes → Details

### Adult Staff

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Position  Name   
Police Check  WWC   
Membership No.

Notification to hold camp/activity sent to

Name  Date

### Type of Camp / Activity - if applicable

- < 24 hours indoor sleepover  Indoor  
 Outdoor (bush)  Expedition (controlled)  
 Outdoor (established)  Expedition (wilderness)  
 Assessment  Trefoil 3 / Patrol Camp  
 Interstate Camp  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; outdoor cooking, bushwalk.

Adventure-Based Activities	Other Activities
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### 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   
Membership No.   
Signature   
Date

### I agree that the LiC should have this module Endorsed District/Region Manager or relevant State Authority

Name   
Membership No.   
Signature   
Date

**Instructions:**  
**Please forward to State Office on completion**



Girl Guides Australia

# Camp / Adventure-based / Event Report

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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.