

# TREFOIL 3 CAMPING CERTIFICATE ASSESSMENT FORM

Please read *Look Wider Still Camping Trefoil 3* for more information

This form should be completed by the assessor and submitted to GGV within two weeks of camp.

Notification will be sent to the Guide in Charge, Assessor, Unit Leader, District Manager and Region Manager with the outcome of the assessment.  
(assessor should be in touch with the Guide in Charge of the outcome directly)



- *Look Wider Still* requirements and the competencies set out below complete the Trefoil 3 Camping syllabus

Name of Guide \_\_\_\_\_ Membership No \_\_\_\_\_ Expiry Date \_\_\_\_\_

Unit \_\_\_\_\_ Number of campers \_\_\_\_\_

Date of assessment \_\_\_\_\_ Venue for assessment \_\_\_\_\_

The Guide must demonstrate competency in each of the following areas:

		COMPETENT	NOT YET COMPETENT	COMMENTS
A	Be recommended by the relevant experienced personnel (unit leader or District Manager plus Region Camping/Outdoors consultant) and apply for assessment by completing the appropriate forms			
B	Demonstrate a knowledge and understanding of the relevant boating, swimming, Adventurous Activities and Camping rules as stated in <i>Guide Lines</i>			
C	Understand and meet the health, First Aid and sanitation requirements for the type of camp being held.			
D	Submit a First Aid kit appropriate to the camp. <ul style="list-style-type: none"> <li>• Understand the importance of clear labelling and separation of medicines for internal use from those for external application.</li> <li>• <b>Note:</b> All internal medications MUST be self-administered</li> </ul>			
E	Show what precautions should be taken to ensure the health of the campers and understand the importance of preventing accidents around the campsite.			
F	Be able to render first aid in the type of emergencies which might occur at camp. Include treatment for shock, cuts, bleeding, fractures, sprains, burns, bites, snake bites, asthma, concussion, fits, eye injuries, and clothes on fire.			

<b>G</b>	Provide proof of competency of Trefoil 3 Camping Certificate clauses: <ul style="list-style-type: none"> <li>• “g) understand the importance of maintaining an effective airway in an unconscious person.”</li> </ul>			
<b>H</b>	<ul style="list-style-type: none"> <li>• “h) after practical instruction by a qualified First Aid instructor, show how to perform resuscitation (CPR) on a manikin”</li> </ul>			
<b>I</b>	Ensure campers’ safety and understand the importance of accident prevention			
<b>J</b>	Know (and where relevant show) application of fire precautions and discuss procedures to be followed in the event of fire. Check local fire restrictions on use of various cooking methods (as not all are legal in all parts of Australia)			
<b>K</b>	Know and where relevant, show application of emergency procedures for storm, fire, flood and extreme weather conditions.			
<b>L</b>	Produce a risk management plan which includes an evacuation plan.			
<b>M</b>	Working within a planned budget: 1. Produce a balanced and suitable menu for the style of camp and demonstrate how you have catered for different tastes, dietary needs and religious requirements; and 2. With the other participants, plan a program appropriate to the camp showing a balance of activities and including Guiding traditions such as Colours, Guides Own, Campfire, Pioneering, wide game and skills			
<b>N</b>	Show care of the environment by demonstrating minimal impact camping. Show knowledge of the suitability, use and maintenance of the type of tenting selected for Outdoor, Established and Bush Campsites as well as Expedition in Controlled Environment Camps			
<b>O</b>	Demonstrate leadership skills by using the Patrol System and working to the ideals of the Promise and Law in running a safe and happy camp.			
<b>P</b>	With the group, complete an evaluation of the camp.			

General impression of the camp:

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I recommend that \_\_\_\_\_ be awarded the Trefoil 3 Camping Certificate for:

Indoor Camp

Outdoor Camp – established campsite

Outdoor Camp – bush campsite

Expedition in controlled environment

Recommended by (please print name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_.

Qualifications of Assessor: \_\_\_\_\_