



# Girl Guides Australia Camp/ Adventure-based/ Event: Notification/Application

**OUT.01**

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

Outdoor Module/s held *if any*:

Condition	Submission Timeline
1. Leader in charge a) Camp (with camping qualifications) b) Adventure-based activity	<b>One month</b> prior to camp or activity
2. Leader a) camping with another unit where LiC has camp qualifications b) requesting assessment c) <24 hour overnight indoor stay d) Trefoil 3 assessment / Patrol camp	<b>One month</b> prior to camp
3. All leaders if camping under special conditions eg. Over 50 participants or Interstate activities	<b>Six weeks</b> prior to camp


## 2. Event Details

### Date of camp / activity

From:

To:

### Type of camp / activity

< 24 hours indoor sleepover:	Indoor
Outdoors (bush)	Expedition (controlled)
Outdoor (established)	Expedition (wilderness)
Assessment	Trefoil 3/Patrol camp
Interstate camp	Adventure-based Activity

Name / Address and location of camp / activity


Please attach a map if campsite / location warrants this

## Important Information

**For specific rules and requirements for camp/activity,** refer to *Guide Lines*:

<http://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'

<http://www.guidelinesforgirlguides.org.au/ratios-at-a-glance/>

## 1. Leader in Charge Details

*Qualification Details, First Aid and CPR currency.*

Given Name		
Surname		
Address		
		Postcode
Home Phone		
Mobile		
Daytime contact		
Email		
Membership number		
Working with children		
Police check <i>(if relevant)</i>		
First Aid current until		
CPR current until		
First Aid Qualification held		

## 3. Participants

Units/Districts or Regions participating.


If joint camp / activity, name of other organisations participating


Indicate the 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
Name	
WWC	
First Aid current until	
CPR current until	
First Aid Qualifications held	
Police Check	
Membership No.	

Position	
Name	
WWC	
Police Check	
Membership No.	

Position	
Name	
WWC	
Police Check	
Membership No.	

Position	
Name	
WWC	
Police Check	
Membership No.	

Position	
Name	
WWC	
Police Check	
Membership No.	

Position	
Name	
WWC	
Police Check	
Membership No.	

**If additional Adult Staff please attach additional page.**

**4. Activities**

List each Adventure-based activity and number of participants per line. List details of other activities undertaken e.g. Cooking, bushwalk.

Adventure-based activity	Number of participants	Activity Provider details

Please attach additional information/ page if needed.

**5. LiC Checklist**

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

**6. Lodgment**

LiC Name	
Membership No.	
Signature	
Date	

**District Manager/Region Manager**

Approved Yes No

DM / RM Name	
Position	
Membership No.	
Signature	
Date	

**Relevant Region/State Authority**

Name	
Position	
Membership No.	
Signature	
Date	