

This form is to be completed by the qualified camp/activity LiC after a camp 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 <input type="text"/>	Name <input type="text"/>
Police Check <input type="checkbox"/>	WWC <input type="text"/>
	Membership No. <input type="text"/>
Position <input type="text"/>	Name <input type="text"/>
Police Check <input type="checkbox"/>	WWC <input type="text"/>
	Membership No. <input type="text"/>
Position <input type="text"/>	Name <input type="text"/>
Police Check <input type="checkbox"/>	WWC <input type="text"/>
	Membership No. <input type="text"/>
Position <input type="text"/>	Name <input type="text"/>
Police Check <input type="checkbox"/>	WWC <input type="text"/>
	Membership No. <input type="text"/>
Position <input type="text"/>	Name <input type="text"/>
Police Check <input type="checkbox"/>	WWC <input type="text"/>
	Membership No. <input type="text"/>

Notification to hold camp/activity sent to
Name Date

Type of Camp - if applicable

- | | |
|--|--|
| <input type="checkbox"/> <24 hours' indoor sleepover | <input type="checkbox"/> Indoor |
| <input type="checkbox"/> Outdoor (bush) | <input type="checkbox"/> Expedition (controlled) |
| <input type="checkbox"/> Outdoor (established) | <input type="checkbox"/> Expedition (wilderness) |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Trefoil 3 Assessment | <input type="checkbox"/> Patrol Camp |

Camp / Adventure-Based 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

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

Girl Guides Australia Camp / Adventure-Based Activity Report

OUT.03

Evaluation of campsite /activity site: