

CAMP/ ADVENTURE-BASED EVENT OUT. 03 EVENT REPORT 2022



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 / Peer Groups | |
| Districts | |
| Regions | |
| Indicate the number of girls in each age group attending the camp/activity | |
| <input type="text"/> | <input type="text"/> |
| 5-9 YEARS | 9-14 YEARS |
| <input type="text"/> | <input type="text"/> |
| 14-17 YEARS | 18+ |
| 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 | |
| Police Check number | |
| Position | Member number |
| Name | |
| WWCC number | |
| Police Check number | |
| Position | Member number |
| Name | |
| WWCC number | |
| Police Check number | |
| Position | Member number |
| Name | |
| WWCC number | |
| Police Check number | |
| Position | Member number |
| Name | |
| WWCC number | |
| Police Check number | |
| Position | Member number |
| Name | |
| WWCC number | |
| Police Check number | |

| 3 LODGEMENT | |
|---|--|
| Were there any accidents or incidents? | |
| <input type="checkbox"/> NO | <input type="checkbox"/> YES > Attach a copy of a completed Girl Guide 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 |

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.