

CAMP/ ADVENTURE-BASED EVENT OUT.03 EVENT REPORT



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		
Districts		
Regions		
Indicate the number of girls in each age group attending the camp/activity		
<input type="text"/>	<input type="text"/>	<input type="text"/>
5-9 YEARS	9-14 YEARS	14-17 YEARS
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.