

CAMP/ADVENTURE-BASED EVENT APPLICATION FORM (OUT.01) 2023



GIRL GUIDES
AUSTRALIA

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

IMPORTANT INFORMATION

- All campsites must be approved by the relevant State Authority.
- All Youth Members must complete an **Activity Consent and Health Form (ADM.27)** before attending.
- All adult participants should complete an **Adult Information Form (ADM.28)** for activities before attending.
- If girls from different Units / Districts are participating, their District Manager must be advised by the Leader in Charge.

For specific rules and requirements for camp/activity visit:

www.guidelinesforgirlguides.org.au/guide_lines/guiding/outdoors-overview

SUPERVISION REQUIREMENTS

- Adult ratio varies according to the ages of the girls.
- Refer to 'Ratios at a Glance': <https://www.guidelinesforgirlguides.org.au/ratios-at-a-glance/>

SUBMISSION TIMELINE

LEADER IN CHARGE SUBMITTING FOR:

- A Camp (with camping qualifications)
- An Adventure-based activity

Six weeks prior to camp or activity

LEADER SUBMITTING FOR:

- Camping with another Unit where LiC has camp qualifications
- A request for assessment
- An indoor overnight stay (less than 24 hours)
- Trefoil 3 assessment / Patrol camp

Six weeks prior to camp or activity

ALL LEADERS SUBMITTING FOR:

- Camps with special conditions
eg. Over 50 participants or Interstate activities

Six weeks prior to camp

1 LEADER IN CHARGE DETAILS	
Given Name	
Surname	
State	Postcode
Email	
Mobile	
Phone	
Membership number	
Working with Children Check number	
Police Check number	
First Aid current until	
CPR current until	
First Aid Qualification held	
Outdoor Module/s held if any	
2 EVENT DETAILS	
DATE OF CAMP / ACTIVITY	
From	
To	
TYPE OF CAMP / ACTIVITY	
<input type="checkbox"/> 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
NAME / ADDRESS AND LOCATION OF CAMP / ACTIVITY	
Please attach a map if campsite / location warrants this	

3 PARTICIPANTS

Units / Districts / Regions / Peer Groups

If joint camp / activity, name of other organisations participating

Number of girls and young women in each age group attending the camp / activity

5-8 YEARS

9-14 YEARS

15-17 YEARS

18+ (Olaves)

ADULTS IN ADDITION TO LIC

Role	First Aider	Member number
Name		
WWCC number		
First Aid number		Expiry D D / M M / Y Y
CPR number		Expiry D D / M M / Y Y
Police Check number		
Role	Member number	
Name		
WWCC number		
Police Check number		
Role	Member number	
Name		
WWCC number		
Police Check number		
Role	Member number	
Name		
WWCC number		
Police Check number		
Role	Member number	
Name		
WWCC number		
Police Check number		

Attach extra pages as required

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4 ACTIVITIES

List each Adventure-based activity and number of participants per line. List details of other planned activities eg. bushwalk, water activities.

Adventure-based activity	Number of participants	Activity provider details

Attach additional pages for more activities.

5 LIC CHECKLIST

- I have attached the risk management plan and read [Guide Lines](#)
- I have checked that all Adult's meet CSCF requirements
- I have distributed activity consent forms (as appropriate)
- I have checked Instructor/s qualifications is/are current
- I have notified my appropriate Manager
- I have checked the First Aid kit
- I have considered transport to and from camp/activity
- I have checked local fire restrictions
- I have visited/checked the camp/location
- I have checked arrangements for cooking, water, toilet facilities, fire/gadget wood

6 LODGEMENT

LiC Name	
Member number	
Signature	
Date D D / M M / Y Y	
District Manager/Region Manager Approval	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
DM / RM Name	
Role	
Member number	
Signature	
Date D D / M M / Y Y	
Relevant Region / State Authority Approval	
Name	
Role	
Member number	
Signature	
Date D D / M M / Y Y	