

# Camp / Adventure-based Activity / Event Application Form (OUT.01) 2026



**This Form must be completed by the Leader in Charge of the planned camp/activity or event.**

**The following forms must also be completed prior to this activity:**

- Risk Assessment Plan for Outdoor Activities/ Events + Camps (ADM.56b)
- Activity Consent and Health Form for Youth Members (ADM.27) – completed by a parent/guardian.
- Adult Information for Activities Form (ADM.28) – completed by attending adults.

Once the camp/activity or event has taken place, the Leader in Charge submits the Camp/activity/event Report (OUT.03).

## LEADER IN CHARGE DETAILS

First Name

Last Name

Membership Number

Mobile Phone Number

Girl Guide Email

Working With Children Check Number

Are your First Aid qualifications and CPR current?

Y  N

Provide details of any Girl Guide Outdoors modules you have completed.

## CAMP / ACTIVITY / EVENT DETAILS

Start Date

End Date

Camp / activity / event start time and end time e.g. Friday 6pm to Sunday 10am

Type of Camp / Activity / Event

- |  |   |   |
|--|---|---|
| <input type="radio"/> Adventure-based activity | <input type="radio"/> Joint activity (other organisation) | <input type="radio"/> Outdoor camp (bush site)        |
| <input type="radio"/> Assessment camp/activity | <input type="radio"/> Indoor camp                         | <input type="radio"/> Outdoor camp (established site) |
| <input type="radio"/> Expedition (controlled)  | <input type="radio"/> Indoor overnight stay               | <input type="radio"/> Patrol/Trefoil 3 camp           |
| <input type="radio"/> Expedition (wilderness)  | <input type="radio"/> Interstate camp                     | <input type="radio"/> Other                           |

## NAME/ADDRESS AND LOCATION OF CAMP/ACTIVITY OR EVENT

Please attach map if location warrants this.

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## PARTICIPANTS

Units / Districts / Regions or Peer Groups attending

If a joint activity, please give details of participating organisations

Organisation or Group/Number of participants/ Leader in Charge of the group

Is the other organisation Scouts? Yes  No

Remember! Girl Guides must register through SGGO/National processes for all activities/events.

How many adults are attending?

How many Youth Members are attending?

Check supervision ratios - [Ratios at a Glance](#) on Guide Lines.

How many Youth Members 5-8 Yrs?

How many Youth Members 9-14 Yrs?

How many Youth Members 15-17 Yrs?

## PLANNED ACTIVITIES

List each adventure-based activity and list details of all other PLANNED activities e.g. bushwalk / water activities

## ADULTS (IN ADDITION TO LEADER IN CHARGE)

Add additional pages as required

Name	Role	Membership number
<input type="text"/>	<input type="text" value="First Aider"/>	<input type="text"/>

Name	Role	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Role	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Role	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Role	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## WHEN DOES THIS FORM NEED TO BE COMPLETED?

This form is to be completed for all Girl Guide camps, adventure-based activities and events. This includes all joint activities with other organisations (e.g. Scouts), whether Unit based or when using a shared premises.

## LEADER IN CHARGE CHECKLIST

As the Leader in Charge, I confirm that I have completed the following:

- I have read all the relevant information on [Guide Lines for Girl Guides and Girl Guide Volunteers](#).
- I have checked that the campsite/venue is a Girl Guide approved location.
- I have checked that instructor/s qualifications are current.
- I have notified my District/Region Manager of the details, and they support this application.
- I have checked local fire restrictions.
- I have visited/checked the camp/activity/event location and checked the facilities. (cooking, water, toilets, fire/gadget wood)
- I have considered transport to and from the camp/location and included this in my Risk Assessment Plan.
- I have attached the [Risk Assessment Plan Form \(ADM.56b\)](#) for this camp/activity/event.

## SUBMITTING THIS FORM

Please submit this form to the relevant person 6 weeks before the planned activity or event.

Check your [State Girl Guide Organisation \(SGGO\)](#) website for more details on State specific policies and procedures.

I have lodged this Form with

Date of lodgement

 /     

This camp/activity/event has been approved by

Date of approval

 /     

Links to key information:

[Your SGGO website](#)

[Girl Guide Forms](#)

[Girl Guiding in Practise](#)

[Guiding Outdoors](#)

[Camping Rules and Requirements](#)

[Joint activities - Girl Guides Australia and Scouts Australia](#)