



**SCOUTS AUSTRALIA
VICTORIAN BRANCH**

ADVENTUROUS ACTIVITY NOTIFICATION FORM TO GLs/LICs

It is the Victorian Branch policy to ensure that its members participate in activities with a minimum of documentation. The primary criterion for documentation is to ensure the due care for the health and safety aspect of the activity being contemplated.

The only forms used for Adventurous Activities are:

- Branch Adventurous Activity Notification Form (this Form) to notify GLs/LICs of a proposed event
- Branch Special Activity Permission Form -When control of the event passes from Scout personnel to an outside body or person.
- Medical/Health Update Form, the PIR
- The Interstate Travel Application Form when travelling outside Victoria.

IF YOU ARE PRESENTED WITH ANY OTHER TYPE OF FORM TO COMPLETE REFER IT TO THE VICTORIAN SCOUT CENTRE AND CHIEF COMMISSIONER

APPROVAL OF OUTDOOR AND OVERNIGHT ACTIVITIES.

Subject to the following requirements, the Group Leader or the nominated Leader in Charge of the Group must be made aware of and has the responsibility and authority to approve most Scouting events involving members of the Group including Standing Camps, most Hikes and Pack Holidays and thus is the formal home contact in emergencies. **No formal notification is required using this form.**

THIS FORM IS TO BE USED ONLY WHERE ANY OF THE FOLLOWING ADVENTUROUS ACTIVITIES ARE A PART OF THE ACTIVITY OR EVENT PROGRAMME:

- **Adventurous Activities** including Abseiling, Extended Bushwalks in Unmodified Landscapes, Canoeing or Kayaking on Moving Water, Caving, Rock Climbing, Sailing, Ski Touring, Four Wheel Driving for extended periods and Parascending, all of which require the use of registered and qualified members of Branch Activity Teams who are Activity Guides, Activity Leaders or Activity Instructors in the activity and
- other activities as defined as Adventurous from time to time by the Chief Commissioner.

The Leader in Charge of the Adventurous Activity component of the programme must be registered and hold an Activity ID card as a fully Qualified and Credentialed Activity Guide, Activity Leader or Activity Instructor in the specialist area of the Adventurous Activity being undertaken and that that person must at all times adhere to basic safety and risk management requirements including as appropriate:

- The provision of appropriate information to the local Police and/or the provision of appropriate information to the Authority responsible for the management of the area in which the event is to be held: and
- Provision of full details of the event to the Group Leader or the nominated Leader In Charge of the Group including as appropriate, time and dates of departure and expected return, planned campsite(s) and hike routes: and
- The provision of all necessary equipment and resources to allow safe participation in the adventurous activity

It is the responsibility of the Group Leader or Leader in Charge to ensure there is a qualified Adventurous Activity person leading any such component of the event or activity in the programme



SCOUTS AUSTRALIA

Victorian Branch

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Feb 2012

ADVENTUROUS ACTIVITY NOTIFICATION FORM

Leader of Group/Party..... Phone.....
Scouting Role.....email.....
(Scouting Role, e.g. Patrol Leader, Scout Leader, Venturer Expedition Leader)

Activity Guide/Leader/instructor (if different from above).....
Address.....
.....Postcode.....
Phone Number.....Mobile.....email.....

Members of the Party- indicate Y = Youth, L = Leader, A = Activity Leader O = other Adult
Attach a list if more convenient

Name	Name
.....
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Plan of the Activity

Type.....
Location.....
Dates.....
Duration.....
Time of return.....

Holder of this form during the activity is the Group Leader or Leader in Charge of the Group and the Designated Home contact available during the activity

Group.....Name.....

Phone No.....Mobile.....

If I have not contacted you by.....am/pm, on.....(date)

Ring Police on 000 advising exact location of the activity or contact your local Police Station.

Police at.....Station have full particulars and location of the Activity.

Signed Leader of Group/Party.....Date.....

Signed Group Leader.....Date.....