



SCOUTING ADVENTURE RECOGNITION OF PROFICIENCY

Individuals who have sufficient and current skills, knowledge, and experience to apply for formal recognition of proficiency will complete this attachment.

Recognition of Proficiency may only occur after the required Scouting Adventure On Demand Learning modules have been completed.

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| NAME: - |
| MEMBER NO: - |
| FORMATION: - |
| BRANCH: - |
| Scouting Adventure Verification I certify that proficiency in Scouting Adventure has been recognised: - _____(name) Verified by: - _____ Date: ___ / ___ / ___ |

| Portfolio of evidence | | |
|--|---|--------------------------|
| <i>Attach the following handouts and any additional information requested. Additional documents should be marked with a portfolio reference number</i> | | |
| No | Item description | Verified by (initial) |
| 1a | OUTDOOR ACTIVITY PLAN | |
| 1b | RISK MANAGEMENT PLAN | |
| 1c | GEAR LIST | |
| 1d | MENU | |
| 2 | SELF-ASSESSMENT REPORT | |
| 3 | REPORT FROM TEAM LEADER | |
| 4 | Additional evidence can be attached, for example, a plan of a camp, walk or outdoor activity that you have participated in. | |

OUTDOOR ACTIVITY PLAN

Please attach an activity plan for an outdoor activity, such as a walk or camp. You should include: -

- Your overall activity plan
- A risk management plan for the activity
- A gear list for this activity
- A food list and menu for this activity where applicable.

| | | |
|---|--|----------------------------|
| 1 | What is the location for the activity and what is the name of the map you will be using? | |
| 2 | What communications equipment will you be carrying? | |
| 3 | Who will be the emergency (home base) contact (who will hold a copy of the activity plan)? | |
| 4 | What weather conditions will you expect, and what precautions will you take? | |
| 5 | What will your water requirements be? | |
| 6 | When setting up an overnight campsite, what are 5 things you will need to check? | 1. 2. 3. 4. 5. |
| 7 | List 5 unhygienic practices in an overnight campsite and how you will manage them | 1. 2. 3. 4. 5. |

EMERGENCIES

- Please complete the On Demand Learning module: - *Responding to Emergencies SA EMERG A*

SELF – ASSESSMENT REPORT

| Self – assessment report | | | |
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| <i>A self-assessment report provides you with the opportunity to reflect on your own skills and knowledge and provide your assessor with an indication of how familiar you are with the content of each module.</i> | | | |
| Please tick your level of experience in each of the following tasks: - | I have performed these tasks: - | | |
| | Frequently | Sometimes | Never |
| Demonstrate camping under canvas skills in a controlled environment | | | |
| Use and maintain a temporary or overnight site | | | |
| Operate communications systems and equipment | | | |
| Demonstrate simple navigation skills on a walk in a controlled environment | | | |
| Plan outdoor recreation sessions | | | |
| Guide outdoor recreation sessions | | | |
| Plan and minimise environmental impact | | | |
| Interpret weather conditions in the field | | | |
| Facilitate groups | | | |
| Respond to emergency situations | | | |
| Follow Workplace Health & Safety procedures | | | |
| Undertake risk analysis for activities | | | |

TEAM LEADER REPORT

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|---|--|
| Team Leader Report | |
| <i>Team Leader reports are completed by people who both know you and can support your claims, having seen you demonstrate proficiency. These are not references but statements of information that are relevant to the module(s). The Team Leader will have witnessed specific activities undertaken that meet the criteria for proficiency.</i> | |
| Applicant's name: - | |
| Name of Team Leader: - | |
| Qualification(s) of Team Leader: - | |
| Phone or email contact for Team Leader: - | |
| Date: - | |
| Activity / Proficiency / Skills observed: - <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated camping under canvas skills in a controlled environment <input type="checkbox"/> Demonstrated simple navigation skills on a walk in a controlled environment <input type="checkbox"/> Used and maintained a temporary or overnight site <input type="checkbox"/> Operated communications systems and equipment <input type="checkbox"/> Planned and guided outdoor recreation activities <input type="checkbox"/> Planned and minimised environmental impact <input type="checkbox"/> Interpreted weather conditions in the field <input type="checkbox"/> Facilitated groups <input type="checkbox"/> Responded to emergency situations <input type="checkbox"/> Followed Workplace Health & Safety procedures <input type="checkbox"/> Undertook risk management analysis | |
| The activities observed have included: - | |
| In what capacity/context are you the applicant's Team Leader? | |
| How long have you worked with the applicant? | |
| Have you had opportunity to observe the applicant's skills in relation to the proficiency standards stated? | |



Please complete the following declaration: -

I confirm that I am in a position to verify the experience claimed by the applicant in relation to the following skills: -

- Demonstrate camping under canvas skills in a controlled environment
- Demonstrate simple navigation skills on a walk in a controlled environment
- Use and maintain a temporary or overnight site
- Operate communications systems and equipment
- Planned and guided outdoor recreation activities
- Planned and minimised environment impact
- Interpreted weather conditions in the field
- Facilitated groups
- Responded to emergency situations
- Followed Work Health & Safety procedures
- Undertook risk management analysis

Team Leader signature: - Date: - / /