Girl Guides Australia

Camp / Adventure-based / Event Report

OUT.03

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 DD/MM/YYYY To DD/MM/YYYY

Participants

Units

Region

Indicate the number of girls in each age group attending the camp/activity

☐ 5-9 years ☐ 9-14 years ☐ 14-17 years

Does this include any members with a disability?

☐ No

☐ Yes → Details

Adult Staff

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Position Name
Police Check ☐ WWC
Membership No.

Notification to hold camp/activity sent to

Name Date DD/MM/YYYY

Type of Camp / Activity - if applicable

☐ < 24 hours indoor sleepover ☐ Indoor
☐ Outdoor (bush) ☐ Expedition (controlled)
☐ Outdoor (established) ☐ Expedition (wilderness)
☐ Assessment ☐ Trefoil 3 / Patrol Camp
☐ Interstate Camp ☐ 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; outdoor cooking, bushwalk.

Adventure-Based Activities	Other Activities

Were there any accidents or incidents?

☐ No

☐ Yes → Attach a copy of a completed *ADM24 A or B (Notification of Accident/Incident Form)*

Leader in Charge Name

Membership No.

Signature

Date DD/MM/YYYY

I agree that the LiC should have this module Endorsed

District/Region Manager or relevant State Authority

Name

Membership No.

Signature

Date DD/MM/YYYY

Instructions:
Please forward to State Office on completion

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Evaluation of campsite / activity site: