

Scouts Australia NSW Level 1, Quad 3 102 Bennelong Parkway Sydney Olympic Park NSW 2127

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ACTIVITY NOTIFICATION FORM PART III - ACTIVITY & RESCUE INFORMATION

(To be completed by Activity Coordinator and returned to parties listed on page 4)

ACTIVITY: GROUP/FORMATION: LOCATION: Map Name: Map Date: Map Reference: ROUTE DETAILS - IF INSUFFICIENT SPACE ATTACH FURTHER DETAILS PROPOSED ROUTE (include dates, overnight stops etc.)	_					
Map Name: Map Date: Map Reference: ROUTE DETAILS - IF INSUFFICIENT SPACE ATTACH FURTHER DETAILS	_					
Map Name: Map Date: Map Reference: Map Reference: Map Reference:						
ROUTE DETAILS - IF INSUFFICIENT SPACE ATTACH FURTHER DETAILS						
PROPOSED ROUTE (include dates, overnight stops etc.)						
	_					
ALTERNATIVE ROUTES / VARIATION / ESCAPE ROUTES						
RESCUE INFORMATION						
RESCUE INFORMATION						
Vehicles left at:	_					
Registration Numbers:	_					
Nearest Police Station:	_					
NSW Scout Region (where activity will be held): Method of Transport:	_					
Method of Transport: Leaving Time: Date:	_					
Returning Time: Date:	_					
Rescue Call Time: Date:	_					
Name of Activity Coordinator: Phone: Mobile:	_					
Address:	_					
Has the Activity Coordinator read relevant Branch Policies?						
Certificate Required?						
Permits Obtained (e.g. NPWS, Forests NSW)						
EQUIPMENT (Tick items required)						
Tents Days Food GPS Other (Attach List)						
Waterproof Jackets First Aid Kit Whistle Sleeping Bags Matches Rescue Sheet						
PLB Map & Compass Mirror						

ACTIVITY NOTIFICATION FORM PART III - ACTIVITY & RESCUE INFORMATION (continued)

PARTICIPAN	TS - IF INSUFFICIENT SPACE	ATTACH LIST		
Member No. Name		Address		Telephone
(If known)	- Tunio		7.44.1555	Totophione
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				+
If vo	u cannot provide all the par	ticinants' names hefore lo	dging this E1 then ensure a full list (v	
<u>n</u> yo			he commencement of the activity.	vitir criariges)
IN CASE OF	EMERGENCY - ALARM: EI	MERGENCY OR OVERDUE AL	ARM WILL BE RAISED BY THE FIRST EME	RGENCY CONTACT
FIRST EMERG	ENCY CONTACT			
Name:		Phone:	Mobile:	
Address:				
SECOND EME	DOENCY CONTACT			
Name:	RGENCY CONTACT	Phone:	Mobile:	
Address:				
	ITY COORDINATOR - (LAC)		Mahila	
Name:		Phone:	Mobile:	
Address:				
I acknowledge	that as the Activity Coordin	ator:	I acknowledge that as the First Eme	_
	nsible for this Activity		I am available to act as the First	Emergency Contact
	ue party, keeping members safe. e transport providers / Emergency C	ontacts of revised arrangements.	I will remain available, especially	/ around finishing time
 Ultimately prepa overdue status. 	res incident report; Delegates some	one to notify ALL Parents of	 Raises alarm if assistance required. Advises Local Activity Coordinator Party is o 	verdue.
- Notify any chang	ges to all involved.			
(Signa	ture of Activity Coordinator)	(Date)	(Signature of First Emergency Contact)	(Date)
COPIES SEN	T TO - 14 DAYS PRIOR TO AC	TIVITY (TICK WHERE SENT)		
Emergency	Contacts	Appropriate Commission	er at Region level	ty (e.g. Police)
Group Lead	Leader/Leader in Charge Regional Office in Locality of Activity or			
	·	Local Activity Coordinato	r (LAC)	
NSW STATE	ACTIVITY POLICIES - FOR	UPDATES CHECK www.nsw	.scouts.com.au	
NSW Activities	Policies that may apply to th	is Activity (Tick those releva	nt)	
Accommodation	on Policy	Bushwalking Policy	Rock Related Activiti	es Policy
Activity Centre	e Policy	Environmental Policy	Water Activities Police	;y
Activity Notific	ation Policy	Flying Policy		

Flying Fox Policy

Alpine Activity Policy