



Scouts Australia (New South Wales Branch)
LEADER NEWS - ON THE WEB
Members Support Team

JANUARY 2009

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**THE NEW 2009
ACTIVITY FORM (A1)
FOR USE BY ALL PARTICIPANTS
AT ALL SCOUTING ACTIVITIES.**

Scouts NSW needs to minimise the risk to all members, including leaders, from an increasingly active litigious community.

The use of a variety of activity and indemnity forms often fall short and have been the cause of complaints and concerns. As a result some years ago a decision was made that Group – District- Region and State activities would use only one form, the approved A1.

**Scouts NSW only recognise the 2009 A1 form and the details
and indemnity included on it.**

The State Commissioner for Activities and his team have spent some time of preparing, getting input and testing a universal form that can be used for all activities.

The proposed 2009 A1 was carefully scrutinised by the RC's Activities, RC's, the Scoutsafe Committee with legal input before final input and approval by the Chief Commissioner Council.

The 2009 A1 is that form and carries a number of new features.

1. Not restricted to youth members but suitable for ALL participants including parents and siblings.
2. Space to include information pertaining to the activity itself.
3. Essential items that the lawyers believe will maximize our protection of Leaders in the case of an accident.
4. The participants section remains, but you are advised to read 'LSG 29 Activity Forms' for guidance on the simple way to complete this.
5. The 'Activity Number' is the one allocated by the organisers of the activity.
6. The small section which says 'If you have any questions please contact _____ on _____' is **essential** and must be filled in. It should be the person who can answer or get the answers to questions including local pick up plans. This then minimises the risk of someone alleging you didn't provide vital information (some will say this even if you did tell them). Scouts NSW then have the ability to tell the Court that the person/parents were specifically asked to call if they had any questions and given a name and contact number.
7. Local Activities Co-ordinator is the person formerly called the Zone Coordinator for the area where the activity will take place.

Other questions can be answered by your RC (Activities)

HOW IMPORTANT IS IT?

In late 2008 there was a terrible accident at the Water Base in which an 11 year old sibling, a non member, suffered multiple fractures and cuts to her leg which also left her foot partially severed. There was a real fear at the hospital that they might not be able to save the leg. (*It was saved and, as a result of hours in the theater and brilliant specialists, she is recovering*).

Members Support was at the scene within 20 minutes of being notified and had made arrangements for the hospital to provide counseling for the parents when they arrived.

The State Office staff member arrived shortly afterwards, and whilst not asking, the Duty Manager provided him with the A1's all completed including those from the injured girl and other non members and the parents who participated in the activities.

Attached is a sample of the new A1 prepared by the Ozzie Region for use with their First Aid Courses for inclusion on their Web Site. Further details have been made available on their site



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ACTIVITY NOTIFICATION FORM
PART I - PARTICIPANTS & PARENTS' ADVICE
(THIS PAGE IS TO BE KEPT BY PARTICIPANTS)

ACTIVITY **Ozzie Region First Aid Course**

FORMATION **497th Grong Grong**

LOCATION _____

LEAVING TIME _____ DATE _____ PLACE _____

RETURNING TIME _____ DATE _____ PLACE _____

Name of Activity Coordinator **Bill Jones** Phone **(555) 55555**

Method of transport to and from activity **Own transport.**

Cost \$ _____ payable to _____ by (date) _____

ADDITIONAL DETAILS

PCourses Offered "PFA" Preliminary First Aid (First Aid for Juniors) Course, a one-day course, no pre-requisites "SFA" Senior First Aid Course (HLTFA301B), a two-day or five evening course, no pre-requisites "SFAR" Senior First Aid Recertification Course (HLTFA301B), a one-day or two evening course; Candidates are required to have a SFA qualification or higher at the assessment (last) date. "RFA" Remote Area First Aid Course (HLTFA302A), a three-day course, no pre-requisites "ALS" Advanced Life Support First Aid Course (HLTFA404A), a one-day course; Candidates are required to have a current SFA qualification or higher.

EMERGENCY CONTACT

If you feel that the participant is overdue in returning from the activity, you should contact the nominated PARENTS CONTACT:

Name _____ Home Phone () _____ Mobile () _____

The activity will will not be under direct adult supervision

The activity will will not involve both male and female youth members

Both male and female Leaders will will not be present

More information about this activity:

Course Times Daytime Courses: Starting at 8:30 am and finishing at about 4:30 pm each day, Evening Courses: Starting at 7:00 pm and finishing at about 10:00 pm each evening.

Course dates Dates and further details are available on the web site <http://sydneynorthscouts.com/default.asp?p=3>

Closing Date Three weeks prior to the start date of the Course that is when the viability of a course is assessed. If the course is viable, applicants may still be accepted after that date.

Payments By cheque or money order, payable to "Scouts Australia" and mailed with the completed and signed application form to ' Scouts P.O Box 22 Ozzie Town 2222'

Enquiries: By email to Joe Blow (Bookings) at <Ozzie@nsw.scouts.com.au>, or by calling Bill Jones (Chairman) on 555 5555 or 0555 553 2555 Note: You will receive a confirmation email with further instructions.

COURSE AVAILABLE

Indicate on next page against Activity Name

- PFA - Preliminary First Aid (First Aid for Juniors) Course, a one-day course, no pre-requisites (Fee \$ AAA)
- SFA - Senior First Aid Course (HLTFA301B), a two-day or five evening course, no pre-requisites " (Fee \$BBBB)
- SFAR -Senior First Aid Recertification Course (HLTFA301B), a one-day or two evening course; (Fee \$CCCC)
- ALS -Advanced Life Support First Aid Course (HLTFA404A), a one-day course (Fee \$ddddd)

NB. PLEASE LIST ANY CURRENT FIRST AID CERTIFICATE AND ITS EXPIRY DATE

AT THE TOP OF THE APPLICATION FORM, UNDER MEMBERSHIP NUMBER.Information can include Maps, Gear Lists, Other Details, Region Activity Course Details Etc

Membership No _____

**ACTIVITY PARTICIPATION AND
MEDICAL FORM**
PART II - PARTICIPANTS & PARENTS' ADVICE
(To be completed and returned for All Participants)

Activity Name: **Ozzie Region First Aid Course**
Activity No: **Your own ID number for course**
Activity Fee: \$ _____

Activity Coordinator: **Bill Jones** Date/s: _____ Closing Date: **for applications**

Activity Particulars: Attendance: Friday Saturday Sunday Days Only
 ALL Friday Night Saturday Night Sunday Night Other

Member: Joey Scout Cub Scout Scout Venturer Scout Rover Leader Non Member (Helper/Instructor)

Your Transport to Activity: Private Bus Other: _____

Surname: _____ Given Names: _____

Address: _____

Town/ City: _____ Postcode: _____ State: NSW

Telephone: _____ Mobile phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female Religion/Faith: _____

Group: _____ Section: _____

In case of Emergency contact: _____ Address: _____

Town/ City: _____ Postcode: _____ Telephone: _____

Parent Consent (Applicants under 18) I consent to my child's Activity participation in

Swimming Water/Boating Rock Related Activities Abseiling Flying Fox Flying

If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please attach any Medical Plans if they apply.

Can Swim 50 metres: Yes No Diabetes: Yes No Severe Mild

Epilepsy: Yes No Severe Mild Asthma: Yes No Severe Mild

Does the applicant suffer from any physical disabilities? Yes No _____

Does the applicant have any known allergies, including drugs or food allergies? (i.e. Penicillin, Egg, Bee Sting, Hay Fever, other Drug or Food allergies). Yes No _____

Will the applicant have any medication at the activity? (i.e. By Injection, Tablet, Capsule, Penicillin, Insulin, other Drugs). Yes No

Name of Drug: _____ Dosage: _____ How often? _____

Administered by Self or whom: _____

Has applicant any special food requirements? (for Medical, Religious) Yes No _____

Date of last Tetanus Injection: _____ or Unknown Medicare Number: _____

Name of Medical Fund: _____ Position on Medicare Card: _____

Ambulance Fund Cover: Yes No

This must be completed for ALL applicants, or their Parent/Guardian if under 18 years

Medical Authority I/we acknowledge that this activity will involve inherent and obvious risks. I/we authorise any officer, member or servant of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named youth member, including the administration of any anesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

If you have any questions please contact **Bill Jones** on **(555) 55555**

This should be a person who can get or give the answers a parent asks

Signature _____ Print Name _____ Date _____

Applicant: _____

Parent/Guardian: _____

Leader: _____



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ACTIVITY NOTIFICATION FORM
PART III - ACTIVITY & RESCUE INFORMATION

(To be used for all outdoor activities away from the hall or overnight or all air / alpine / rock related / water or other potentially dangerous activities.)

Formation 497th Grong Grong

Activity Ozzie Region First Aid Course

Location of Activity _____

Map Name _____ Map Date _____ Map Ref _____

PROPOSED ROUTE (include dates, overnight stops etc)

ALTERNATIVE ROUTES / VARIATION / ESCAPE ROUTE

Vehicles left at _____
 Registration Numbers _____
 Nearest Police Station _____

NSW Scout Region (where activity will be held) _____

Method of Transport Own transport.

Leaving Time _____ Date _____

Returning Time _____ Date _____

Rescue Call Time _____ Date _____

Number Attending Youth _____ Leaders _____ Others _____ Total **0**

Name of Activity Coordinator Bill Jones Phone (555) 55555

Address _____

Has Activity Coordinator read relevant Branch Policies? Yes No

Certificate Required? Yes No Held by _____

Permits Obtained? (e.g. NPWS, Forests NSW) Yes No Not Required

Equipment

- | | | |
|---|--|---|
| <input type="checkbox"/> Tents | <input type="checkbox"/> Day's food | <input type="checkbox"/> GPS |
| <input type="checkbox"/> Waterproof jackets | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Whistle, V Sheet, Mirror |
| <input type="checkbox"/> Sleeping bags | <input type="checkbox"/> Matches | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> EPIRB | <input type="checkbox"/> Map & compass | |

