



ACTIVITY NOTIFICATION APPLICATION.

Scout Group

Section

District

Advise that a Major Outing / Camp / Hike / etc
(specify type)

Will be held at (Name of Venue)

(Venue Address)

Commencing on (Date) At (Time)

Concluding on (Date) At (Time)

Leader Responsible Membership No

Person in Charge Membership No
(If different from Leader Responsible) (if a current member)

Anticipated Number of Participants	Youth	Male	<input type="text"/>	Female	<input type="text"/>
	Leaders	Male	<input type="text"/>	Female	<input type="text"/>
	Adult Helpers	Male	<input type="text"/>	Female	<input type="text"/>

ADVENTUROUS ACTIVITIES

The following Activities will be included	and will be supervised by: (Name)	Membership No
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If Activity Supervisor is not a member of the Association, please include Company or personal details below and attach a copy of the current Certificate of Currency for Public Liability Insurance.

Company or Person's Name:

Address:

Contact Phone Numbers:

Public Liability Insurance Company

Policy No Expiry Date



ACTIVITY NOTIFICATION APPLICATION.

A MINIMUM 2 WEEKS NOTICE MUST BE PROVIDED.

An 'Activity Notification Application' Form A1 must be completed for all scouting activities/outings involving youth and/or adult members where the activity is undertaken away from the registered scout hall or meeting place for the section. Included as part of the application is a Risk Management Plan of the event which must be completed before any further planning is undertaken to ensure that the activity is safe to proceed.

INSTRUCTIONS

- § The Leader Responsible completes the Activity Information, prepares the 'Risk Management Plan' and attaches separate Risk Management Plans for any/all adventurous activities being conducted during the activity.
- § The Leader Responsible forwards completed form(s) to Group Leader who must approve all activities and sign accordingly.
- § The Group Leader must return the signed A1 form(s) to the Leader Responsible and forward a copy of the form(s) to the District Commissioner(*Minimum of 2 weeks notice required*)
- § The District Commissioner checks and confirms:
 - Ø Leader Responsible is suitably qualified
 - Ø Adventurous Activity Supervisor is a registered Activity Leader
 - Ø External provider has produced current Certificate of Currency for Public Liability Insurance (if applicable)
 - Ø Risk Management Plan(s) are completed
- § The District Commissioner must approve activities that have a Risk Rating of 'Significant' or 'High', by signing and returning a copy of the approved form(s) to the Leader Responsible via the Group Leader.
- § If the activity is outside the District, the source District Commissioner must forward details of the activity (page 1 - Notification only) to the District Commissioner responsible for the venue location of the activity. (email scanned advice or facsimile or post copy of completed form)
- § The District Commissioner must retain a copy of all completed A1 forms for audit purposes.

THE ACTIVITY CAN ONLY PROCEED IF THE LEADER RESPONSIBLE HAS RECEIVED A SIGNED APPROVAL FROM THE GROUP LEADER AND THE DISTRICT COMMISSIONER (if applicable).

LEADER RESPONSIBLE

Means an Adult Member of Scouting who holds a current 'Certificate of Adult Leadership' or 'Certificate of Appointment'.

PERSON IN CHARGE

Means a person in charge of the activity who will be in attendance for the duration of the activity. (May be a Patrol leader, Venturer or Parent, appointed by the Leader Responsible on page 2 of the Form A1)

RISK MANAGEMENT PLAN

Means the Plan at page 4 of the A1 form completed according to the instructions at page 3 in relation to general risks associated with the activity, but not in relation to specific Risks associated with an adventurous activity. The Adventurous Activity Leader is responsible for completing a separate Risk Management Plan for the particular adventurous activity and providing their Risk Management Plan to the Leader responsible.

LEADER RESPONSIBLE

I confirm that all participants including Parents/Guardians of youth participants involved in this activity will be advised in writing and permission will be obtained before the activity commences.

I have reviewed and completed the 'Risk Management Plan' (attached) for all aspects of the planned activity and control measures will be implemented. I also confirm the supervisors of each Adventurous Activity component are either registered as Activity Leaders with the Association and have completed a 'Risk Management Plan' or have provided the current Certificate of Currency for Public Liability Insurance.

Signature of Leader Responsible

Date

GROUP LEADER

I approve the activity and confirm that the Leader responsible will collect permission forms (A2 or A3) prior to the commencement of the activity and that a 'Risk Management Plan' has been undertaken and that control measures have been identified.

Signature of Group Leader

Date

DISTRICT COMMISSIONER (For Risk Rating of 'Significant' or 'High')

I have checked the attached details and approve the 'Risk Management Plan' that the Leader responsible has undertaken for this activity and that control measures have been identified.

Signature of District Commissioner



RISK MANAGEMENT PLAN.

INSTRUCTIONS

1. (Section 1) Details

a. Complete the details relating to the activity.

2. (Section 2) – Analyse & Assess Risk

a. Consider the hazards and the Injury / Danger likely to occur, associated with your particular activity and include in the Hazard & Injury / Danger columns

Hazard: *A source of harm with the potential to cause injury or loss.*

Eg:	<u>Hazard</u>	<u>Injury / Danger</u>
	The Lake	Drowning
	Gravel ground	Falling - Tripping

b. Using the following ‘Risk Calculator’ chart, select the consequence most likely to apply to the hazard and write it in the column ‘A’.

LIKELIHOOD (B)	CONSEQUENCES (A)				
	(A1) INSIGNIFICANT	(A2) MINOR (First Aid)	(A3) MODERATE (Treatment Req)	(A4) MAJOR (Hospitalisation)	(A5) CATASTROPHIC (Death)
(B1) RARE	LOW (L)	LOW (L)	MODERATE (M)	SIGNIFICANT (S)	SIGNIFICANT (S)
(B2) UNLIKELY	LOW (L)	LOW (L)	MODERATE (M)	SIGNIFICANT (S)	HIGH (H)
(B3) POSSIBLE	LOW (L)	MODERATE (M)	SIGNIFICANT (S)	HIGH (H)	HIGH (H)
(B4) LIKELY	MODERATE (M)	SIGNIFICANT (S)	SIGNIFICANT (S)	HIGH (H)	HIGH (H)
(B5) ALMOST CERTAIN	SIGNIFICANT (S)	SIGNIFICANT (S)	HIGH (H)	HIGH (H)	HIGH (H)

c. Using the chart above, choose the likelihood associated with the hazard and write it in column ‘B’

d. Calculate the risk level for each Hazard using the chart above and write in the Risk Rating column.
eg: Consequence = (A3) Moderate
Likelihood = (B3) Possible
RISK RATING = Significant (S)

3. (Section 2) Manage the Risk

a. List ways in which you could manage the risk and write these in the ‘Controls’ column.

b. With the controls in place, re calculate the consequences (A), the Likelihood (B) for each Hazard.

c. Re-calculate the Risk Rating and complete the RESIDUAL RISK RATING column.

d. The highest rating you have in the RESIDUAL RISK RATING column becomes the risk rating for the activity. Add this to the ‘Risk Rating for the Activity’ section.

4. Approvals

a. The Leader in Charge of the activity must certify that they have undertaken the Risk Management Plan to the best of their ability.

b. i. All activities require the approval of the Group Leader.
ii. Activities with a Residual Risk Rating of ‘Significant’ or ‘High’ also require the approval of the District Commissioner.



RISK MANAGEMENT PLAN.

THIS FORM MUST BE ATTACHED TO THE ACTIVITY NOTIFICATION SECTION OF THE A1 FORM

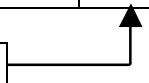
Section 1. ACTIVITY DETAILS

GROUP		SECTION	
ACTIVITY		ACTIVITY DATES	

Section 2. ANALYSE, ASSESS & CONTROL THE RISKS

	ANALYSE & ASSESS RISKS					MANAGE THE RISKS			
	HAZARD	INJURY / DANGER	A	B	Risk Rating	CONTROLS	New A	New B	Residual Risk Rating
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

(Highest Residual) RISK RATING for ACTIVITY



SECTION 3 – APPROVAL of Risk Management Plan

Leader Responsible	
Signed	
Date	

Group Leader	
Signed	
Date	

District Commissioner	
Signed	
Date	

If insufficient space, please use additional sheet