Adventist Outdoors Northern Australia
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OUTDOOR ACTIVITY NOTIFICATION

To be sent to arrive one (1) week prior to conduct of activity

- **CONTACT PERSON MUST RECEIVE A COPY OF BOTH SIDES OF THIS DOCUMENT**
- **CONFERENCE AO CHAIRPERSON MUST RECEIVE A COPY OF THE FRONT ONLY**

APPROVED BY:	☐ **Church Board (specify name)**	☐ **School (specify)**	☐ **Conference Dept**

GROUP OR CLUB:	
TYPE(S) OF ACTIVITY	**TODAY'S DATE**
LOCATION OF ACTIVITY	**DATE OF ACTIVITY**

☐ **PRIVATE PROPERTY** ☐ **STATE FOREST** ☐ **NATIONAL PARK** ☐ **CHURCH PROPERTY** ☐ **OTHER (Specify)**

CONTACT PERSON'S NAME (A person who is contactable in the event of an emergency) ____ This person should notify the police or SES if you have not contacted them by: **TIME** **DAY** **DATE**	**PHONE:** **(HM)** **(WK)** **(MOB)**

ASSESSOR NAME	**RESPONSIBILITY LEVEL (RL)** **see below for definitions** ☐ **III** ☐ **IV** ☐ **V**	**HM:** **WK:** **MOB:**	**AO ID. NO**
INSTRUCTOR NAME	**RESPONSIBILITY LEVEL (RL)** ☐ **III** ☐ **IV** ☐ **V**	**HM:** **WK:** **MOB:**	**AO ID.NO**
LEADER NAME	**RESPONSIBILITY LEVEL (RL)** ☐ **III** ☐ **IV** ☐ **V**	**HM:** **WK:** **MOB:**	**AO ID.NO**

RESPONSIBILITY LEVEL DEFINITIONS		
	RL I	Entry level participant in one or more activity
	RL II	Participant who is developing skills toward self-proficiency in one or more activity
	RL III	Participant who is self-proficient in one or more activity With further training can Lead, Instruct and Assess one or more activity under supervision
	RL IV	Advanced participation skills in one or more activity With further training can Lead, Instruct and Assess in one or more activity independently A facilitator of outdoor activities
	RL V	Responsible for the management of outdoor activities for the organisation

NUMBER OF PARTICIPANTS: **TOTAL** **RECREATIONAL** **INSTRUCTIONAL**

AGE OF PARTICIPANTS ☐ **under 10 yrs** ☐ **10-15 yrs** ☐ **16-17 yrs** ☐ **18 yrs and over**

PLEASE PRINT NAME AND ADDRESS OF PERSON COMPLETING FORM: ____

PHONE NO: ____

SIGNED: ____ **FAX NO:** ____

VEHICLE REGISTRATION MAKE & MODEL	REGO NO	COLOUR	PARKED AT

INTENDED ROUTE, ESCAPE ROUTE AND/OR ALTERNATIVE PLANS	DATE IN DATE/TIME DUE OUT

EMERGENCY COMMUNICATION

☐ **MOBILE** ☐ **RADIO** ☐ **EPIRB**

PARTICIPANTS	RESPONSIBILITY LEVEL I – V	PHONE NO	AO ID. NO

THE PARTY IS FULLY EQUIPPED FOR _____DAYS ☐ **FOOD** ☐ **CLOTHING** ☐ **SHELTER**

OWNERSHIP OF EQUIPMENT ☐ **CHURCH** ☐ **HIRE** ☐ **PRIVATE**

COMMENTS OR ADDITIONAL INFORMATION _____

_____

☐ **VERIFICATION OF INSURANCE IS REQUIRED BY LAND MANAGERS (eg State Forest, National Parks, etc)** ☐ **YES** ☐ **NO**

REMEMBER TO INFORM CONTACT PERSON ON RETURN