

Bushwalking Level 1 Weekend Walks

Applicant Details:

Name:	Date of birth:
Scout Formation and Group:	Member number:
Email address:	Phone contact:

item	Skill	Date of demonstration	verifier initials
Age range	The candidate is of Scout age or above.		
Pre-requ	The candidate meets all of the requirements of Level 1 Bushwalking, Day walks	Date of attainment	
Equipment	Select and pack equipment, and prepare a menu and food list, suitable for a two-day hike.		
Navigat'n	Show an understanding of navigation skills necessary for this activity		
Weather	Show an understanding of the effect of weather conditions on this activity.		
Environment	Show an understanding of minimal impact practises applicable to this activity.		
Specific Skills	Go on an overnight hike on tracked or easy untracked terrain in a familiar area under the supervision of a suitably qualified adult leader.		
	Demonstrate knowledge of operation of a PLB and one other communication device		
	Demonstrate how to collect water and treat for drinking, and show an understanding of how to prevent contaminating water supplies in the bush.		
Emergencies	State at least five different situations in this activity that could be classified as an emergency and what you would do.		
First Aid	Demonstrate an understanding of: <ul style="list-style-type: none"> a) The importance of checking for any danger to yourself and others. b) How to correctly check if a person is breathing. c) The common causes of a blocked airway and how to clear it. 		

item	Skill	Date of demonstration	verifier initials
	d) How to open an airway. e) How to control bleeding. f) Four uses of a triangular bandage. g) How to treat minor burns and scalds. h) How to treat a fracture of lower leg and arm. i) How to treat sunburn, hyperthermia (too hot) and hypothermia (too cold) j) Manage snake-bite OR If over (and upon reaching) 15 years of age hold 'Apply first aid' (HLTFA301B) or equivalent. Type: _____ Number: _____		
Log Book	Log book sighted that shows the candidate is logging their experience.	Expiry date	Certified Copy

I verify that all documentation and evidence given to support the above is true and correct. Candidate's Name: signature:	I verify that the participant has demonstrated or provided evidence to demonstrate the above requirements. Level 3 verifier: name..... signature:..... Date:
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Approval and Administration:

Regional Commissioner Activities Approval			
Signature		Date:.....	
Date recorded in Region Activity Meeting notes		Date MIS updated	
Signed copy returned to L3/candidate			