

# ACTIVITY INTENTION

Use **Tab** key to move forward or **Shift + Tab** to move backward between fields on form. Press **F1** for help.

Activity:	Scout Group:	Scout Zone / Region:
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	Kea	Cub	Scout	Venturer	Rover	Leader	Other	<b>TOTAL</b>
<b>Numbers</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check the box(s) that best describes the planned activity. (Click on the box with your mouse or press x or spacebar on keyboard)

<b>Activity Type A - Low Risk</b>	<b>Activity Type B - High Risk</b>
Group event..... <input type="checkbox"/> Picnic..... <input type="checkbox"/> Zone event..... <input type="checkbox"/> Walk..... <input type="checkbox"/> Region event..... <input type="checkbox"/> Visit to town..... <input type="checkbox"/> National event..... <input type="checkbox"/> Visit a Group..... <input type="checkbox"/> Other..... <input type="checkbox"/>	Abseiling..... <input type="checkbox"/> Day hike..... <input type="checkbox"/> Air activity..... <input type="checkbox"/> Patrol activity..... <input type="checkbox"/> Camping..... <input type="checkbox"/> Tramping..... <input type="checkbox"/> Caving..... <input type="checkbox"/> Water activity (see note 3)..... <input type="checkbox"/> Other..... <input type="checkbox"/>
Please describe: .....	Please describe: .....

## Activity details

Location of the activity .....	Start time ..... and date .....
.....	Return time ..... and date .....

## Contact Details & Emergency Procedure

<b>Contact Details &amp; Emergency Procedure</b>	<b>Approvals</b>
Activity Leader Name: ..... Age (years) ..... Address ..... Home Ph ..... ..... Work Ph ..... ..... Cell Ph .....	I accept responsibility for this activity ..... (signature of activity leader) Date .....
Contact Person Name: ..... Address ..... Home Ph ..... ..... Work Ph ..... ..... Cell Ph .....	Section Leaders approval ..... (signature of section leader) Date .....
<b>EMERGENCY PROCEDURE</b> The contact person is to inform the Group Leader and the Police if the party has not made contact by: Time ..... Date .....	Group Leaders approval ..... (signature of group leader) Date .....

## Two Minute Activity Report

Please complete this section <b>after the activity</b> and give the whole page to the Group Leader	This information is used to gather Risk Management and activity statistics for the Group
Activity type (A or B) - ..... Dates if different from above - start ..... return ..... No# of hours: (.....)	
Did the activity go as planned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Briefly describe why the activity did or did not go as planned: ..... ..... .....	
Were there any accidents or "near miss" incidents during the activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please describe what happened or nearly happened: ..... ..... .....	
Leader ..... (signature) Date .....	

### NOTES:

- Complete page 1 for low risk Type A activities. Complete the entire form for all higher risk Type B activities or if you are unsure of the activity classification.
- At least seven days before the activity, give four copies to your Group Leader and one to your Zone Leader for information. Group Leader returns one signed copy to the Activity Leader, one to the Contact Person and sends one to the Host Zone Leader. If there is no Group Leader the Zone Leader will nominate someone to act.
- For all water activities including canoeing, kayaking, swimming etc. refer to Management Procedures clause 43 – Water Activities

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## Type B Activities

Activity:

### Activity Plans

Map type and no#

Date	Route Description	Overnight at map reference

Name of adult experienced in this activity (if and) assisting the leader .....

Phone .....

### Alternate / Emergency Plans

Map type and no#

Date	Route Description	Overnight at map reference

### Activity Participants

Name	Telephone	Name	Telephone
1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	
15		16	
17		18	
19		20	

Vehicle make / model - ..... Colour - ..... Plate No# - .....

Vehicle make / model - ..... Colour - ..... Plate No# - .....

Vehicle make / model - ..... Colour - ..... Plate No# - .....

Parked at: .....

## Activity Checklists

Activity:

**Use this activity checklist for type B higher risk activities so that essential points are not overlooked.**

The Group Leader may want to see this checklist. The Water and Air Activity Advisers may also ask to see it as well if the planned activity is within their area of responsibility and they have any concerns.

Keep in mind the reason for the Activity Checklist and Activity Intention form is to help ensure the safety of and minimise the risk to the young people taking part in the activity.

### At least 1 week before the activity

Check each box if the condition is applicable and has been met.

- ☐ The Activity Intention Sheet has been completed with copies given to the Group Leader, Zone Leader, and the Contact Person
- ☐ The Activity Leader or other adult accompanying the party has experience in this activity.
- ☐ The activity is within the capabilities of all members of the party.
- ☐ All members of the party have received a personal gear list.
- ☐ The party has at least two compasses and two current maps relevant to the area involved.
- ☐ The party has organised a Mountain Radio / Cell phone. - Call sign or phone number - .....
- ☐ There is a competent first aid person in the party.
- ☐ The arrangements for clean drinking water are: Tablets ☐ Filtering ☐ Boiling ☐
- ☐ The camp site (if any) has been verified as being suitable for the activity, e.g. flooding, wind etc.
- ☐ A copy of this checklist is attached to the Activity Intention Sheet.
- ☐ The members of the party have been trained and are equal to the challenge of the activity. e.g. fitness, rock climbing, bush craft, river crossing, canoeing, sailing, swimming, navigation, weather.
- ☐ The season is suitable for this type of activity. e.g. snow, storms, wasps, wind etc.
- ☐ Transport has been arranged and confirmed. Drivers: - .....  
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### Notes

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Signed by the Activity Leader

Date

Approval by Group Leader

Date

# ACTIVITY INTENTION

## Activity Checklists

Activity:

**Use this activity checklist for type B higher risk activities so that essential points are not overlooked.**

The Activity Leader is to retain page two for the final check before commencing the activity.

The Group Leader will have a blank copy and may check off the items during the telephone discussions.

### The week before the activity

Ring the Group Leader and confirm the following.

- ☐ Confirm who will be taking part and check their personal details. e.g. contact phone numbers etc.
- ☐ Check that there are no new health problems or concerns with the party members.
- ☐ All parents and caregivers have been advised of the activity and have provided signed consent forms.
- ☐ The contact person has been given an up to date copy of the Activity Intention Sheets and has been briefed as to their responsibilities.
- ☐ The party members gear has been checked to ensure they have the correct equipment.
- ☐ The Forest and National Park Headquarters have been informed if the party is entering a park.
- ☐ The Royal New Zealand Coastguard has been informed of voyage details.
- ☐ Other: - .....

Discussed with the Group Leader

Date .....

Time .....

### Before leaving on the activity

Ring the Group Leader and confirm the following.

- ☐ The weather forecast has been checked and is suitable for the activity to proceed.
- ☐ The list of party members' names has been updated and the contact person has any changes.
- ☐ The contact person has any changes to the radio or cell phone contact schedule.
- ☐ The transport arrangements have been confirmed.

Discussed with the Group Leader

Date .....

Time .....

*It is particularly satisfying for you as a leader to have led a group of young people who have experienced a challenging and enjoyable activity.*

*Plan ahead, use Activity Checklists and Risk Management Flow Charts to minimise the risks and avoid negative experiences.*