



Application for Authority to Conduct an Activity

A5

December 2022

Use of this Form

- This form is to be completed when activities are overnight or not held in the normal Scouting environment. The normal Scouting environment means the hall, its grounds, and the immediate locality of the Group in which small scale activities take place.
- Lodgement time frames for applications shall be in accordance with applicable Activity Standard.
- Leaders are to take note of Overnight Activity approvals outlined in the Activity Standard.
- Leaders are to be conversant with, and comply with, all requirements of the most current version of Scouts Australia Policy and Rules and Scouts SA Activity Standards.
- The Leader in Charge of the activity is to retain a completed copy of this form on file for 30 days after the activity has been completed.
- The Leader authorising this activity is to retain a completed copy of this form on file for 60 days after the activity has been completed.
- The A5 and documentation required needs to be submitted a minimum of 14 days prior to the activity.
- The form needs to be sent in the following order
 - Group Leader – approves after checking Leader qualifications and membership
 - District Commissioner – For information or as per Group Leader if no Group Leader at Group
 - Program Mentor – Approves Program, Menu, Route plan and risk assessments
 - BC Outdoor Adventure area – approval by relevant Outdoor Adventure Activity Leader
 - ACC Program or delegate – all Branch activities

Section 1: Activity Details

Formation								
Activity								
Location								
Activity Period	From Date	From Time	AM/PM	To Date	To Time	AM/PM		
Activity Participation	Patrol		Unit		Group			
	District		Branch					
Activity Type	Walk		Day		Overnight			
	Community Visit		Group Visit					
Program Area	Alpine		Aquatics		Boating			
	Bushcraft		Bushwalking		Camping			
	Cycling		Paddling		Special Interest			
	Vertical		Other (Please specify)					
Number of Participants	Joey Scouts	Cub Scouts	Scouts	Venturer Scouts	Rover Scouts	Leaders	Other	Total
Number of:		Male		Female		Other		
Third Party Provider		Yes		No				
Provider Details								
Waiver / Insurance Provided		Yes		N/A				

Activity Planning documents to be attached: (if applicable)

Program		Yes			
Outcomes i.e. OAS Areas/Stages or SIA Goal		Yes			
Risk Assessment		Yes			
Proposed Menu		Yes		No	N/A
Applicable Activity Standard		Yes		No	N/A
Route Plan & Map (Hiking)		Yes		No	N/A
Float Plan & Map (Water Activities)		Yes		No	N/A
Operations Plan (Branch Activities)		Yes		No	N/A

Section 2: Qualifications of Adults attending

Please list the qualifications held by the adults attending the activity.

Note: COP – Certificate of Proficiency WB - Woodbadge

Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other
Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other
Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other
Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other
Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other
Name												Appointment	
<input type="checkbox"/>	COP	<input type="checkbox"/>	WB	<input type="checkbox"/>	1 st Aid	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Bushwalking	<input type="checkbox"/>	Paddling	<input type="checkbox"/>	Caving
<input type="checkbox"/>	Climbing	<input type="checkbox"/>	Powerboat	<input type="checkbox"/>	Rowing	<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Scuba	<input type="checkbox"/>	Target	<input type="checkbox"/>	Other

Section 3: Contact Details, Emergency Procedure

Youth Member organising activity					
Name				Section	
Signature				Date	
Unit Council Approval					
Name		Signature		Date	
Nominated Contact Person					
Name		Phone		Section	
Leader in Charge					
Name		Signature		Date	
Emergency Contact					
The nominated contact person is to inform the Emergency Contact, Group Leader, Incident Report Line & Police if this party has not made contact by the nominated time					
Name		Time		Date	

Section 4: Activity Approval

Group Leader Approval					
Note: If the GL has not completed training, please refer to District Commissioner for Approval. I have reviewed the qualifications of the activity leaders and participants and approve the activity.					
Name		Signature		Date	
Program Mentor Approval – I approve the activity					
Name		Signature		Date	
Outdoor Adventure Leader as per Activity Standard – I approve the activity					
Name		Signature		Date	
For Branch Activities: ACC Program Support or Delegate – I approve the activity					
Name		Signature		Date	