



## Leave No Trace Trainer Course (2 Day Course)

Want to be at the forefront of Leave No Trace environmental training? We invite any interested Adult Leaders, Rover or Venturer's interested in becoming an accredited LNT Trainer to register in the above Trainers Course to join the ever expanding LNT Training Team. By active participation in the weekend's activities and presentations you will leave as a newly badged Leave No Trace accredited trainer, skilled to educate and inspire our youth to take on board these principles and become leaders for our environment.

The Leave No Trace trainer's course details follow:

Date: Saturday 19 March & Sunday 20 March 2016

Time: Arrive Saturday at 9:30am for a 10:00am start. Finish Sunday at 3:00pm

Location: Karrinyup Leave No Trace Scout Hall  
57 Huntriss Road, Karrinyup

Transport: Own transport arrangements, but consider car-pooling with others from your area

Cost: \$30

Meals: Included and will be in line with LNT Principles

Email your expression of interest to [admin.strategic@scoutswa.com.au](mailto:admin.strategic@scoutswa.com.au)

Please take the time now to visit the Leave No Trace Centre for Outdoor Ethics website and familiarise yourself with the online content and download resources.

<https://lnt.org/teach/tools-and-activities-educators>

Prior to the course you are encouraged to review the seven principles, chose a principle which interests you and plan a 15 minute activity that demonstrates the importance of your LNT principle. Remember the presentation will be facilitated outdoors with no technology, so you may wish to collect and bring instructional aids that would help you deliver an activity and showcase the importance of your concept. This can be a discussion, hands on exercise or demonstration, whatever you choose.

The 7 LNT Principles

1. Plan Ahead and Prepare
2. Travel and Camp on Durable Surfaces
3. Dispose of Waste Properly
4. Leave What You Find
5. Minimise Campfire Impacts
6. Respect Wildlife
7. Be Considerate of Your Hosts and Other Visitors

As the Leave No Trace Trainer course is designed to graduate individuals who will be able to educate and inspire others to be environmental friendly, in small teams you will facilitate a 30 minute session to the group of leaders and youth. This session, which forms part of the badge requirement, will not be graded, its main purpose is help you learn how to present an effective LNT Awareness session for your group, that will educate and inspire others to review their current actions and become environmentally friendly.

**Weekend Course Format:**

In the beautiful outdoors of Lake Gwelup, Shane and the LNT training team will deliver presentations reviewing the core principles of the Leave No Trace program, including real life examples, and hands on group activities that reinforce the importance of the key program concepts.

Then the attendees will then be grouped together by their allocated LNT concepts on which to provide a brief group presentation and activity.

What to bring: Pack as if you are going on an overnight hike.

Tent, camping gear, tripod or camp stool, warm outdoor clothes, closed in shoes, hat, sunscreen, insect repellent, dilly bag with plates and utensils, water bottle, and rain jacket in case of inclement weather.

Plus note pad and pen to record the key concepts and details of activities that reinforce the key principles.

How to register: Please complete/return the attached A5 Adults/Y3 Youth Members form, noting your chosen LNT principle.

Please forward all applications with payment to [admin.strategic@scoutswa.com](mailto:admin.strategic@scoutswa.com) by 26/02/16.

EFT is the preferred method of payment. Bank details follow:

Westpac

Scouts Association of Australia WA Branch

BSB: 036 073

Account: 343105

**Please use reference "LNT" and surname so we can identify payment.**

**Please attach copy of receipt of payment to your application.**



# Adult Application When Attending an Activity

**A5**  
V20150216

## Use of this Form

This form is to be completed by all Adults who are attending a Scouting activity. The purpose is to ensure that the Leader in charge of the event is aware of the Adults emergency contact and current health details. The *Code of Conduct* referred to within this form, **is attached to this form at Page 2 for your convenience**. The *Code of Conduct* may also be downloaded from MyScout.

<b>Details</b>				<b>Membership Number</b>			
<b>Activity</b>				<b>Activity Date</b>			
<b>Name</b>				<b>Date of Birth</b>			
<b>Group/Section</b>				<b>Gender</b>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Address</b>							
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>			
<b>Phone</b>		<b>Email</b>					
<b>Working with Children Check Card Number, or Application Receipt Number (if required for this event)</b>							
<b>Expiry Date for Application Receipt Number</b>							
<b>Please confirm if you have reviewed and signed the Scouts WA 'Code of Conduct'</b>				Yes <input type="checkbox"/>		No <input type="checkbox"/>	

## Health Statement

The Leader in charge of this activity, to be advised of the Applicant's health and fitness, including any medication (with instructions) the Applicant will bring with them. For special dietary requirements, please provide examples (brand names etc) of what you are able to eat. Attach a separate sheet listing these requirements in detail. Alternatively you may wish to self cater.

<b>Known allergies</b>							
<b>Special dietary requirements (even if self catering)</b>							
<b>Medication (type / name)</b>		<b>Dosage</b>		<b>Frequency of Dose</b>			
<b>Other information (eg. ailments / disabilities)</b>							

## Immunisation

<b>Has the Applicant been immunised against Tetanus in the past 5 years?</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>		<b>Date of Immunisation</b>			
<b>If not, may the Applicant be given a Tetanus injection should the need arise?</b>						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>Medicare No</b>		<b>Expiry</b>		<b>Ambulance Cover</b>		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
<b>Private Health Fund Name</b>				<b>Fund Member Number (if applicable)</b>					

## Emergency Contact

<b>Name</b>							
<b>Relationship to Applicant</b>							
<b>Address</b>							
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>			
<b>Home Phone</b>		<b>Work Phone</b>		<b>Mobile Phone</b>			

## Applicant's Agreement

I, the Applicant, give permission for the Leader in charge of the activity to seek medical assistance for myself should the need arise and understand that I will be personally liable for any expenses which may be incurred.

<b>Signature of Applicant</b>		<b>Date</b>	
<b>Printed Name</b>			

## Approval (Note: the Leader in charge of this activity must sign approval for the Applicant to attend.)

I certify that I have checked the eligibility of the Applicant and the completeness of this application. I find that the Applicant qualifies in every respect and approve the Applicant as a participant.

<b>Leader in Charge of Activity (Signature)</b>		<b>Date</b>	
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# Code of Conduct for Adults in Scouting

V20150205

## Use of this Form

This Code of Conduct is expected of all adults, members and Associates, uniformed and non-uniformed, who work within the Movement, recognising that at all times they should act responsibly and exercise a Duty of Care.

**Applicants are to initial each individual code as a sign that they accept them.**

1.	Adults in Scouting respect the dignity of themselves and others.	
2.	Adults in Scouting demonstrate a high degree of individual responsibility, recognising that at all times their words and actions are an example to other members of the Movement.	
3.	Adults in Scouting act at all times in accordance with Scouting Principles, thereby setting a suitable example for all.	
4.	Adults in Scouting do not use the Movement to promote their own beliefs, behaviours or practices where these are not compatible with Scouting Principles.	
5.	Adults in Scouting act with consideration and good judgement in all interpersonal relationships both inside and outside Scouting..	
6.	Adults in Scouting respect everyone's right to personal privacy at all times. They take special care where sleeping, changing of clothing; bathing and ablutions are associated with any Scouting activity.	
7.	Adults in Scouting avoid unaccompanied and unobserved activities with youth members wherever possible.	
8.	Adults in Scouting, for their own protection, should avoid potentially compromising situations by ensuring, where reasonably possible, that at least two adults are in attendance whilst supervising and/or accompanying youth members.  It is recognised that in certain circumstances, it may be necessary for a Leader or adult, whilst acting responsibly and exercising their Duty of Care, to be alone with a youth member.	
9.	Adults in Scouting are committed to providing a safe environment for youth members participating in the Scout program, their parents or guardians and visitors.  That safe environment must be in accordance with Scouts Australia's policy of zero tolerance toward bullying, neglect, emotional, physical or sexual abuse of any kind.  Adults in Scouting recognise that abuse can take many forms and can be perpetrated through various mediums, including through technology, and will be alert to abuse in all of its manifestations.	
10.	Adults in Scouting must report any conduct seen or heard that does not comply with this Code of Conduct. Specifically, Adults in Scouting must report promptly any suspicion or allegation of child abuse of youth members in their care.  Where mandatory reporting is required, incident reports must be made to the Police or designated State/Territory Authority in accordance with State or Territory Law and the nominated Scouting person should be advised. In all other cases the incident must be reported to the nominated Scouting person who shall report any suspicion or allegation of child abuse to the appropriate authority.	

**I have read, understood and commit to abide by the Code of Conduct.**

<b>Signature</b>		<b>Date</b>	
<b>Printed Name</b>			



# Application to Attend Activity

**Y3**  
V20151130

**Pages 1 and 2 to be retained by Parent / Guardian**

Pages one and two are to be retained by the applicant or Parent / Guardian.  
Pages three, four and five are to be returned to the Leader in charge of the

	<b>Section</b>	
<b>Activity</b>		
<b>Activity Location</b>		

<b>Start Time</b>		<b>Date</b>	
<b>Participant required to meet at</b>			
<b>Finish Time</b>		<b>Date</b>	
<b>Participant to be picked up from</b>			
<b>Leader in charge of activity</b>		<b>Appointment</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Type of transport to and from activity</b>			
<b>Cost of activity</b>		<b>Payable to</b>	
		<b>By the (date)</b>	
<b>The activity</b>	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision
<b>The activity</b>	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	include water and swimming activities

**Adventurous Activities to be undertaken as part of this Camp/Event**






# Application to Attend Activity

# Y3

V20151130

**Return pages 3,4 and 5 to the Section Leader**

		Membership Number			
Activity				Activity Date	
Name of Youth Member				Date of Birth	
Name of Group / Section				Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address of Youth Member					
Suburb		State		Postcode	
Phone		Email			

## Medical Details

The Leaders should be advised of the member's health and fitness, including any medication (with instructions) the member will bring with them. For special diets, please provide examples (brand names etc) of what you are able to eat. Attach a separate sheet listing these requirements in detail.

Known allergies															
Dietary requirements															
Medication (type / name)				Dosage				Frequency of Dose							
Other information (eg. ailments / disabilities)															
Has the applicant been immunised against Tetanus in the past 5 years?								Yes <input type="checkbox"/>		No <input type="checkbox"/>		Date of Immunisation			
If not, can the applicant be given a Tetanus injection should the need arise?								Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Hospitals sometimes require the following information															
Medicare No				Expiry Date				Ambulance Cover		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Private Health Fund Details (name)								Member Number							
Medical Practitioner's Contact Details															

## Carer/Helper Details

Name													
Relationship to applicant								Contact Number					
WWC Card Number								Expiry Date					
Support or Assistance you provide to the applicant. Please provide details below.													
Signature								Date					

**Emergency Contact**

<b>Name</b>					
<b>Relationship to applicant</b>					
<b>Address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Home Phone</b>		<b>Work Phone</b>		<b>Mobile Phone</b>	

**Water Activities Authority**

This event may include swimming activities such as swimming in rivers, pools, lakes, water slides and snorkeling. Boating activities may include canoeing, kayaking, rafting, and sailing. If water activities are included as part of this event:		
<b>Do you agree to your child taking part in the listed water activities?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Are you confident that your child is able to swim a minimum of 50 metres and is able to stay afloat for 3 minutes without the aid of a personal flotation device?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Are you confident that your child is able to swim 50 metres dressed in shirt, shorts, shoes and a properly fitting personal flotation device and thereafter remain afloat?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**Agreement**

I give permission for the applicant to attend the Scouting activity, including the listed Adventurous Activities as described in this form, and for the Leader in charge of the activity to seek medical assistance for the applicant should the need arise. I have supplied the Leader in charge of the activity with a Health Statement (H1) for the applicant and agree to notify the Leader should any changes occur with the health of the applicant.			
<b>Signature of Applicant</b> <small>(if over 18 years)</small>		<b>Date</b>	
<b>Printed Name</b>			
<b>Signature of Parent / Guardian</b> <small>(if applicant under 18 years)</small>		<b>Date</b>	
<b>Printed Name</b>			

### Scouts WA Liability Statement (Waiver)

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned **(Parent or Guardian)** agrees as follows:

1. The Member understands that there are inherent risks associated with participation in any activity or program at any place or site where any Scouts WA activity or program is conducted, ranging from minor injuries to serious injuries, such as paralysis, or death, and agrees to assume those risks. Whilst on approved Scouting activities, members of Scouts WA will continue to be covered by the Scouts WA insurance program.
2. The Member agrees to take care for themselves and others, and to immediately advise Scouts WA staff or members if they consider they are in danger, or may be unable to complete any activity without jeopardising their safety or the safety of others. The Member must not participate in any activity while under the influence of alcohol or drugs, and must refrain from behavior which could affect the Member's safety, the safety of others, or any equipment or devices being used in any activities.
3. The Member must comply with all reasonable directions and instructions given by Scouts WA members and its staff, including warnings or safety instructions for the use of all equipment and devices.
4. Except where required by mandatory operation of law, Scouts WA shall not be liable to the Member for any personal injury, death, loss or damage to property, or for any direct, indirect, special or consequential loss or damage suffered by them or any other person. This clause does not exclude any entitlement that Scouts WA members have under the Scouts WA insurance program whilst on approved Scouting activities and programs.
5. Scouts WA members have cover under the Scouts WA insurance policy whilst on approved Scouting activities and programs. The Member (on their own behalf and on behalf of their executors, successors, representatives, assigns, and next of kin) hereby releases, waives, and agrees to forego any claim they may have or may later acquire against Scouts WA, its officers, or employees for any liability arising from any occurrence at any Scouts WA activity centre which leads to their personal injury or death, or any loss or damage to personal property including, without limitation, any direct, indirect, or consequential loss or damage that may arise from the same.
6. The Member agrees that they are 18 years of age or over. If not, their legal parent or guardian must sign this waiver on their behalf or, if they are not the legal parent or guardian, they agree that they sign this with the express permission of the child's legal parent or guardian.
7. The Member agrees to execute sign and execute this Waiver as a condition of participating in activities at Scouts WA activity centres. If the Member (or, if the Member is a child, a person authorised to sign on behalf of the Member) does not execute the Waiver then Scouts WA may refuse the Member entry to any Scouts WA activity centre, and the Member may not participate in activities at these centres.
8. This Waiver is not intended to reduce, or invalidate, the insurance cover to members of Scouts WA engaged in approved Scouting activities and programs. That insurance cover operates separately. Although as a result of the waivers, Scouts WA itself may have no liability outside of its specific member insurance, its insurer may provide specific cover for specific events to Scouts WA members engaged in official Scouting activities, and in such circumstances Scouts WA's liability is limited to the amount of cover so provided.

I have read and agreed to the terms of the above Liability Statement (Waiver)

<b>Signature of Parent or Guardian</b>		<b>Date</b>	
<b>Printed Name</b>			

### Approval *(Note the Section Leader's signature of approval must be on this form)*

I certify that I have checked the eligibility of the Applicant and the completeness of this application. I find that the Applicant qualifies in every respect and approve the Applicant as a participant.

<b>Section Leader (signature)</b>		<b>Date</b>	
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