



Outdoor Recreation For Venturers

Expression of interest are now open for the 2nd intake for 2016

This Program in Outdoor Recreation will be run over two years.

The first group of 14 ventures have completed their electives are now moving on to the core units.

Why do Outdoor Recreation?

- Outdoor Adventurous Activities is one of the key areas of what Venturers do.
- Fits in with the Scouting areas of Personal Growth
- Could be a start of a career in Outdoor Recreation
- Venturers' doing Adventurous Activities promotes Scouting.
- This body of work, once completed can be used to gain the Vet Units of Competency for the Certificate II in Outdoor Recreation.
- WACE credits



Of the 20 units required for a WACE, up to a maximum of eight unit equivalents may be substituted by VET credit transfer and endorsed programs through unit equivalents.

A total of four unit equivalents (two Year 11 and two Year 12 units) is awarded for completed Certificate II qualifications.



Outdoor Recreation For Venturers - 2016 Program	
28 & 29/11/2015	Outdoor Recreation For Venturers - I Core Units - First Course
5 & 6/3/2016	Outdoor Recreation For Venturers - II Core Units - First Course
08/05/2016	Outdoor Recreation For Venturers - First Aid - First Course
28 & 29/05/2016	Outdoor Recreation For Venturers - Adventurous Activities Abseiling - 2nd Course
27 & 28/08/2016	Outdoor Recreation For Venturers - Adventurous Activities Bushwalking and Common Core - 2nd Course
10 & 11/09/2016	Outdoor Recreation For Venturers - Adventurous Activities Canoeing - 2nd Course
26 & 27/11/2016	Outdoor Recreation For Venturers - I Core Units - 2nd Course



Outdoor Recreation For Venturers

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Venturer Outdoor Recreation							
Adventurous Activities				Outdoor Recreation Training			Grouping
Level 1 Abseiling (artificial)	Level 1 Bushwalking	Level 1 Canoeing	Level 1 Abseiling (natural)	Unit Title	Task		
X				Demonstrate abseiling skills on artificial surfaces	Practical, Theory & paperwork	Elective	1
X			X	Safeguard an abseiler using a single rope belay system	Practical, Theory & paperwork	Elective	2
			X	Demonstrate abseiling skills on natural surfaces	Practical, Theory & paperwork	Elective	3
X	X	X	X	Operate communications systems and equipment	Theory & paperwork	Elective	4
	X			Demonstrate navigation skills in a controlled environment	Practical, Theory & paperwork	Elective	5
	X			Demonstrate bushwalking skills in a controlled environment	mapped from Venturing Skill Hike & paperwork	Elective	6
	X	X	X	Use and maintain a temporary or overnight site	Practical & paperwork	Elective	7
		X		Demonstrate simple canoeing skills	Practical & paperwork	Elective	8
		X		Perform deep water rescues	Practical & paperwork	Elective	9
				Assist in conducting outdoor recreation sessions	mapped, Theory & paperwork	Core	1
				Minimise environmental impact	mapped, Theory & paperwork	Core	2
				Work effectively in sport and recreation environments	mapped, Theory & paperwork	Core	3
				Follow occupational health and safety policies	mapped, Theory & paperwork	Core	4
				Provide First Aid (HLTAID003)	first aid course (external)	Core	5
				Respond to emergency situations	mapped, Theory & paperwork	Elective	10

- Outdoor Recreation for Venturers package design included:-
 - 15 units to completed:
 - 5 core units
 - 10 elective units including Adventurous Activities abseiling, bushwalking and canoeing
 - Integrate with the Venturer Award system.

If you're interested in gaining your Certificate II in Outdoor Recreation, please contact Kestrel on 0417 992124 or kestrel@careyparkscouts.org.au

- Final closing date for 2nd course will be 8/4/16.
 - There will be minimum numbers requirement to run the 2nd Outdoor Recreation for Venturers Course.
 - Also there will be a maximum number.
 - Some of this course is now E-Learning
- Cost for the Outdoor Recreation for Venturers Course is \$150 for the Adventurous Activities weekends and then \$125 for core unit weekends as well as \$75 for the First Aid if required.





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

	Section	
Activity		
Activity Location		

Start Time		Date	
Participant required to meet at			
Finish Time		Date	
Participant to be picked up from			
Leader in charge of activity		Appointment	
Phone		Mobile	
Email			

Type of transport to and from activity			
Cost of activity		Payable to	
		By the (date)	

The activity	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision
The activity	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

Name					
Relationship to applicant					
Address					
Suburb		State		Postcode	
Home Phone		Work Phone		Mobile Phone	

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:		
Do you agree to your child taking part in the listed water activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <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.			
Signature of Applicant <small>(if over 18 years)</small>		Date	
Printed Name			
Signature of Parent / Guardian <small>(if applicant under 18 years)</small>		Date	
Printed Name			

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)

Signature of Parent or Guardian		Date	
Printed Name			

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.			
Section Leader (signature)		Date	