**SCOUTS AUSTRALIA, QUEENSLAND BRANCH**

**SCOUT SECTION**

JOURNEY PLAN

***(To be completed by the Candidate)***

**CANDIDATE’S NAME:**

**Scout Troop:**

**Journey:**

**Dates:** *From* *to*

This document is to ensure that the Candidate has planned and adequately prepared for the journey. Refer to the Journey requirements to ensure current requirements are met.

Journey Instructions, Tasks and Special Instructions are to be issued by the Examiner. The Journey Plan is to be completed by the Candidate in line with the planning timeline. (Section 4, p.9 of the Campcraft Journey Requirements Document.)

**Distribution**

The original Journey Plan is to be completed by the Candidate (except as noted) and copies, including C5, C4’s for each participant and map/s are to be distributed as follows:

1. Original retained by Candidate
2. Copy to Supervisor
3. Copy to Examiner

4. Copy to the Contact Officer – This may be provided to Emergency Services if the need arises.

**NO PART OF THIS DOCUMENT CAN BE ALTERED OTHER THAN TO INSERT AN EXTRA LINE TO A TABLE TO INCLUDE EXTRA INFORMATION OR AN EXTRA PAGE (S) FOR THE ROUTE PLAN AT THE END.**

1. Journey Examiner

Examiner’s Name: Phone No

Email:

2. Map References

References to the topographic maps used

|  |  |  |  |
| --- | --- | --- | --- |
| **Map Name** | **Scale** | **Datum** | **Issue Date** |
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3. Check Points

These grid references are for checks made during the Journey. Detailed grid references for the route are included in the attached route plan.

|  |  |  |
| --- | --- | --- |
| **Check Point** | **Description** | **Grid Reference** |
| Starting Point |  | GR |
| 1 |  | GR |
| 2 |  | GR |
| 3 |  | GR |
| 4 |  | GR |
| 5 |  | GR |
| 6 |  | GR |
| Finish Point |  | GR |

4. Tasks/Special Instructions *(Set by Examiner)*

5. Team Members

(Minimum party of 5 at all times – Refer to guidelines for maximum number of candidates assessable)

**Full Journey**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Phone** | **Medical and Dietary requirements** | **Troop** | **Award Level** | **Age** |
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**Part Journey**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Day** | **Phone** | **Medical and Dietary requirements** | **Troop** | **Award Level** | **Age** |
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6. Transportation

To Start Point:

|  |  |
| --- | --- |
| Name | Phone |
|  |  |
|  |  |

From Finish Point:

|  |  |
| --- | --- |
| Name | Phone |
|  |  |
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7. Proposed Hike Plan

Complete the attached route plan, one page for each day. Give details of planned route, types of terrain to be traversed, all activities and tasks en route, proposed meal and camp locations with estimated times at each location and to each checkpoint.

Start Point: Start Time:

Finish Point: Optimistic Finish Time:

Pessimistic Finish Time:

On your copy of map plot the expedition route and also indicate using highlighters:

* boundaries of the expedition area (**red**)
* planned route (**blue**)
* checkpoints (**green**)
* evacuation routes (**orange**)

8. Proposed Menu

Candidate to provide details of planned menu:

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal** | **Day One** | **Day Two** | **Day Three** |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Dinner |  |  |  |
| Snacks  Extras |  |  |  |

Water carried at start of Journey litres/person.

Top up locations:

|  |  |  |  |
| --- | --- | --- | --- |
| **Water** | **Day One** | **Day Two** | **Day Three** |
| Location |  |  |  |
| Is treatment required? |  |  |  |

9. Equipment List:

Itemise equipment to be carried by the Team:

*NB. For safety reasons camouflage clothing is* ***NOT*** *recommended.*

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| **Personal Equipment** |  | **Group Equipment (shared by all)** |
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10. First Aid Equipment

Detail items to be carried as First Aid equipment including water purification. Each participant must also carry a personal First Aid Kit which includes bandages for snake bite.

FIRST AID:

Names of Scouts with First Aid training and their Target badge level:

|  |  |
| --- | --- |
| Name | Level |
|  |  |
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11. Emergency Equipment

Each party must carry and be proficient in the use of safety equipment. Refer to the Australian Scout Fieldbook.

Indicate which equipment below you will carry.

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| --- | --- | --- |
| ❑ Waterproof matches  ❑ 2 x 20cm candles for fire/smoke  ❑ emergency blanket or space blanket | ❑ signalling mirror/CD  ❑ marker panel (bright plastic sheet)  ❑ whistle (pea less)  ❑ glow stick | ❑ 4 metre lashing  ❑ 4 metre toggle rope (8mm silver rope with soft eye splice at both ends)  ❑ food and water for an extra day |

Indicate what additional Safety Equipment is to be taken:

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PLB/SPT Agreed to be appropriate by Examiner ❑ Yes ❑ No *(tick one)*

If yes to above: ❑ PLB ❑ SPT

Participants trained in appropriate activation circumstances ❑ Yes ❑ No *(tick one)*

Participants trained in activation procedures ❑ Yes ❑ No *(tick one)*

The focus for Scouting **MUST** be to ensure appropriate management and creditable usage of a PLB/SPT. The activation of this “insurance mechanism” should be made virtually redundant through more than adequately prepared Scouts being encouraged, coached and monitored by enthusiastic Leaders with proven proficiency in Journeys.

GPS carried for compass validation (if approved) ❑ Yes ❑ No *(tick one)*

Risk assessment completed ❑ Yes ❑ No *(tick one)*

12. Proposed Evacuation Points

Detail plans of evacuation and specific evacuation points in the event of emergency. Evacuation points are to be marked on the map and route plan.

|  |  |  |
| --- | --- | --- |
| Exit Number | Grid Reference | Description |
|  | GR |  |
|  | GR |  |
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13. Communication Equipment with Party

Mobile phones in a sealed container. *(Refer section 7.1 Journey Requirements)*

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Carrier |
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Consideration should be given to preserving battery charge or the carrying of spare batteries or battery pack. If devices are turned off during a specified period, then make note of these times.

Radio Type Frequency *(Hz)* Power *(Watts)*

Priority Channel Secondary Channel

Repeater Location Channels

Selective calling (if used)

CTCSS frequency *(Hz)* DCS code

Scheduled contact

|  |  |  |
| --- | --- | --- |
| Time | Name | Phone Number / Radio |
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14. Emergency Contact Details

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|  | **Name** | **Location** | **Phone Number** |
| Hike Supervisor |  |  |  |
| Ranger |  |  |  |
| Local Police |  |  |  |
| Group Leader |  |  |  |
| District / Region Commissioner |  |  |  |

15. Emergency Communication Guidelines

The Contact Officer for this activity is Ph. No.

The time and date at which Police are to be informed of non-return is

The Contact Officer is to be available for at least one day longer than the planned journey to channel all communication between the field party and the Group Leader, transport party, and all the parents in the event of delayed return or any other contingency. Full operating instructions, contact details and plan to be given to the Contact Officer. The Contact Officer should brief the relevant Police within one hour of the pessimistic ETA in the event of unexplained non-arrival.

**The hike party should first contact the Supervisor** who will then communicate with the Contact Officer if required. The hike party may contact the Contact Officer directly only if the Supervisor can not be contacted. The Contact Officer will then contact Emergency Services, parents and other parties as necessary.

16. Approvals Received To Enter Property *(If appropriate)*

(Park Rangers/Property Owners if appropriate)

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| --- | --- | --- |
| Name | Park/Property Location | Phone |
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17. Authorisation Checklist

|  |  |  |
| --- | --- | --- |
| Action | Signature | Date |
| C4 Raised by candidate. Forms signed by Parents and attached to this plan | *Supervisor* |  |
| C5 Raised by candidate, countersigned by SL and signed by GL | *Supervisor* |  |
| Journey authorised by Examiner to proceed. | *Examiner* |  |

Note: Amendments to approved plan must be advised and noted below:

Day: Date: Sunrise: Sunset: Magnetic Deviation:

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| Way Point | Grid Ref | Bearing  Grid Mag | | Distance | Cumulative Elevation Change  *Down Up* | | Duration  *(Naismith’s Rule)* | Time | Comment |
| Start | - |  |  |  |  |  |  |  |  |
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| Way Point | Grid Ref | Bearing  Grid Mag | | Distance | Cumulative Elevation Change  *Down Up* | | Duration  *(Naismith’s Rule)* | Time | Comment |
| Start | - |  |  |  |  |  |  |  |  |
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| Way Point | Grid Ref | Bearing  Grid Mag | | Distance | Cumulative Elevation Change  *Down Up* | | Duration  *(Naismith’s Rule)* | Time | Comment |
| Start | - |  |  |  |  |  |  |  |  |
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