

**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 criteria 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

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

Part Journey

Name	Day	Phone	Medical and Dietary requirements	Troop	Award Level	Age

6. Transportation

To Start Point:

Name	Phone

From Finish Point:

Name	Phone

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			

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

Name	Level

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.

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

Indicate what additional Safety Equipment is to be taken:

PLB/SPT Agreed to be appropriate by Examiner

Yes No *(tick one)*

If yes to above:

PLB or 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	
	GR	
	GR	
	GR	

13. Communication Equipment with Party

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

Name	Phone Number	Carrier

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

14. Emergency Contact Details

	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 cannot 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)

Name	Park/Property Location	Phone

17. Authorisation Checklist

Action	Signature	Date
C4 Raised by candidate. Forms signed by Parents and attached to this plan	<i>Supervisor</i>	
C5 Raised by candidate, countersigned by SL and signed by GL	<i>Supervisor</i>	
Journey authorised by Examiner to proceed.	<i>Examiner</i>	

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

Route Plan (New page for each day)

Day: Date: Sunrise: Sunset: Magnetic Deviation:

Way Point	Grid Ref	Bearing		Distance	Cumulative Elevation Change		Duration <small>(Naismith's Rule)</small>	Time	Comment
		Grid	Mag		Down	Up			
Start		X	X	X	X	X	X		
Total									

Route Plan (New page for each day)

Day: Date: Sunrise: Sunset: Magnetic Deviation:

Way Point	Grid Ref	Bearing		Distance	Cumulative Elevation Change		Duration <small>(Naismith's Rule)</small>	Time	Comment
		Grid	Mag		Down	Up			
Start		X	X	X	X	X	X		
Total									

Route Plan (New page for each day)

Day: Date: Sunrise: Sunset: Magnetic Deviation:

Way Point	Grid Ref	Bearing		Distance	Cumulative Elevation Change		Duration <small>(Naismith's Rule)</small>	Time	Comment
		Grid	Mag		Down	Up			
Start		X	X	X	X	X	X		
Total									