

**Bushwalking Level 1 Daywalks**

Applicant Details:

Name	Date of birth
Scout Formation and Group	Member number
Email address	Phone contact

item	Skill	Date of demonstration	verifier initials
Age range	The candidate is of Cub age or above		
Pre-requ	Nil		
Equipment	Select and pack equipment suitable for a one-day hike.		
Navigat'n	Identify the eight principle points of the compass and their equivalent in degrees and show proper care and use of a compass.		
	Learn to follow a bearing.		
	Learn to read a map, including scale, legend, grid reference and contour lines.		
Weather	Show an understanding of the effect of weather conditions on this activity.		
Environment	Show an understanding of minimal impact practises applicable to this activity.		
Specific Skills	Go on a hike of at least one day (minimum 6 hours) on a marked walking trail in a familiar area. For youth members this must be done with a suitably qualified adult leader.		
Emergencies	State at least five different situations in this activity that could be classified as an emergency and what you would do.		
First Aid	Demonstrate an understanding of: <ul style="list-style-type: none"> <li>a) The importance of checking for any danger to yourself and others.</li> <li>b) How to correctly check if a person is breathing.</li> <li>c) The common causes of a blocked airway and how to clear it.</li> <li>d) How to open an airway.</li> <li>e) How to control bleeding.</li> </ul>		

item	Skill	Date of demonstration	verifier initials
	f) Four uses of a triangular bandage. g) How to treat minor burns and scalds. h) How to treat a fracture of lower leg and arm. i) How to treat sunburn, hyperthermia (too hot) and hypothermia (too cold) j) Manage snake-bite  OR If over (and upon reaching) 15 years of age hold 'Apply first aid' (HLTFA301B) or equivalent. Type: _____ Number: _____		
		Expiry date	Certified Copy
Log Book	Log book sighted that shows the candidate is logging their experience		

I verify that all documentation and evidence given to support the above is true and correct. Candidate's Name: ..... signature: .....	I verify that the participant has demonstrated or provided evidence to demonstrate the above requirements. Level 3 verifier: name..... signature:..... date: .....
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**Approval and Administration:**

Regional Commissioner Activities Approval			
Signature .....		Date:.....	
Date recorded in Region Activity Meeting notes		Date MIS updated	
Signed copy returned to L3/candidate			