

**Bushwalking: Level 2 Day walks**

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 Scout age or above		
Pre-requ	The candidate meets all of the requirements of Level 1 Bushwalking, Day walks	Date attained	
Equipment	Demonstrate the correct care and maintenance of personal equipment.		
Navigat'n	Explain the relationship between true, magnetic and grid north.		
	Demonstrate how to set a bearing from a map and follow that bearing		
	Explain different types of maps (for example street maps, topographic maps,) and how to read a map, including scale, legend, date of issue, grid reference and contour lines.		
Weather	Demonstrate an understanding of the effects weather has on this activity		
	Interpret 2 different weather forecasts and explain how they will affect this activity and if necessary, any precautions that need to be taken		
Environment	Demonstrate an understanding of minimal impact practises applicable to this activity.		
Leadership	Plan, demonstrate safe leadership of, and go on a hike for one day (minimum 6 hours) on a marked walking trail in a familiar area. For youth members a suitably qualified adult leader must monitor the hike. <i>Comments:</i>		
Emergencies	State at least ten different situations in this activity that could be classified as an emergency and what you would do.		

item	Skill	Date of demonstration	verifier initials
First Aid	Demonstrate an understanding of: <ul style="list-style-type: none"> <li>a) How to approach an unconscious patient.</li> <li>b) How to identify if the patient is breathing.</li> <li>c) How to place a patient in the recovery position.</li> <li>d) The difference between venous and arterial bleeding.</li> <li>e) How to control all forms of external bleeding.</li> <li>f) Describe the risks of, and demonstrate the treatment for near drowning.</li> </ul> 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	Present personal log book with relevant entries, including at least one detailed trip report.		

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			