## **Bushwalking: Level 2-3 Endorsement Alpine**

Applicant Details:

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

item	Skill	Date of demonstration	verifier
Λαο τοραο	The candidate is aged 15 or older.	demonstration	initials
Age range	The Candidate is aged 13 of Older.		
Pre-requ	The candidate meets all of the requirements of Level 2	Date attained:	
	Bushwalking, weekend walks		
	Have sufficient aptitude and physical ability to cope with		
	conditions that may be encountered during the activity.		
Pers Equ	Demonstrate knowledge of the equipment required for this		
r ers Equ	activity, including its use and care.		
Navigat'n	Demonstrate knowledge of advanced navigation techniques,		
	and the ability to navigate in a variety of terrains, both on and		
Weather	off track.  Demonstrate knowledge of weather, including forecasts, and		
vveatilei	reading natural signs, and understand the risks applicable to		
	this activity and how to manage them.		
Environment	Demonstrate knowledge of water treating methods and the		
	ability to find, collect and protect from pollution, water in the		
	bush.		
	Discuss the risks of activity to this fragile environment and		
	describe how you and your party would protect this		
0 10 0111	environment.		
Specific Skills	Prepare a suitable menu for this activity, considering weight		
	and nutrition.		
	Demonstrate 3 methods of safely crossing a river on this		
	endorsed activity.		
	Have participated in alpine bushwalking spending a minimum		
	of three nights camping in tents in alpine areas.		
Leadership	Demonstrate knowledge of party management, including party		
reancisiiih	size and leadership.		
	·		
	Prepare a risk assessment relevant to this endorsed activity.		
	In addition to the above, under the supervision of a Level 3		
	endorsed in this activity, plan and lead an overnight hike on an		
	alpine area.		
	Comments:		

## Scouts NSW APPLICATION FOR RECOGNITION OF ACTIVITY SKILLS

## A4 Form, Version 3. 1 1Jan12

item	Skill	Date of demonstration	verifier initials
Emergencies	Demonstrate knowledge of emergency procedures, and search and rescue, including self rescue.		
First Aid	Hold current 'Apply first aid' (HLTFA301B) or equivalent.  Type: number:	Expiry date	Certified copy:
Log Book	Log book sighted showing experience being recorded		

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

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