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

at least 30 km and not less than three consecutive nights.

## **Applicant Details:**

Date of birth:
Member number:
Member number.
Phone contact:

item	Skill	Date of demonstration	verifier initials
Age range	The candidate is aged 15 or older.		
Pre-requisites	The candidate meets all of the requirements of Level 2 Bushwalking, weekend walks	Date attained:	
	Have sufficient aptitude and physical ability to cope with conditions that may be encountered during the activity.		
Equipment	Demonstrate knowledge of the equipment required for this 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 off track.		
Weather	Demonstrate knowledge of weather, including forecasts, and reading natural signs, and understand the risks applicable to this activity and how to manage them.		
Enviroment	Demonstrate knowledge of water treating methods and the ability to find, collect and protect from pollution, water in the bush.		
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 an expedition bushwalk of at least 40 km and not less than three consecutive nights.		
Leadership	Demonstrate knowledge of party management, including party 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 expedition of at least 30 km and not less than four consecutive days (and three nights). The first night is not to include pre-walk commencement.  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
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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		

