

# Pre-departure notification for off-campus activities in rural/remote areas

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This form should be lodged with the **Head of academic/administrative unit or their nominated delegate** prior to the trip commencing. All details should be supplied with the completed checklist

Academic/Administrative Unit: \_\_\_\_\_

Off-campus activity: \_\_\_\_\_

Destination(s) (include map and references): \_\_\_\_\_

Date(s): \_\_\_\_\_

Accommodation Booked: \_\_\_\_\_

## Participants

**Note:** The recommended staff/student ratio is 1:10 and a ratio of less than 1:20 is not advisable.

Where possible, there must be male and female supervisors for activities involving male and female students.

(If preferred, attach a list). Please indicate participant status (staff member, postgraduate, honours or undergraduate student, volunteer)

| Participant Name | Participant status | Participant ID Number |
|------------------|--------------------|-----------------------|
|                  |                    |                       |
|                  |                    |                       |
|                  |                    |                       |
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|                  |                    |                       |
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|                  |                    |                       |
|                  |                    |                       |
|                  |                    |                       |
|                  |                    |                       |

Safety Officer: \_\_\_\_\_

## Qualified First Aiders (name and level)

| Name | Level |
|------|-------|
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |
|      |       |

## Mental Health First Aider(s)

\_\_\_\_\_

## Vehicles

### Vehicle 1:

Make: \_\_\_\_\_

Registration: \_\_\_\_\_

Model: \_\_\_\_\_

Fuel type: \_\_\_\_\_

Colour: \_\_\_\_\_

### Vehicle 2:

Make: \_\_\_\_\_

Registration: \_\_\_\_\_

Model: \_\_\_\_\_

Fuel type: \_\_\_\_\_

Colour: \_\_\_\_\_

## Equipment carried

Please tick the box and indicate the number where applicable.

First aid kit

Water ( \_\_\_\_\_ litres)

Tent

Fuel ( \_\_\_\_\_ litres)

Food for \_\_\_\_\_ days

## Communication

Transceivers (Make & model type): \_\_\_\_\_

Phones (Make & model type): \_\_\_\_\_

Phone numbers: (1) \_\_\_\_\_

(2) \_\_\_\_\_

## Trip details

**Departure:**    *Time:* \_\_\_\_\_    *Date:* \_\_\_\_\_

**Proposed Route:** \_\_\_\_\_

**ETA destination:**    *Time:* \_\_\_\_\_    *Date:* \_\_\_\_\_

**Proposed Return Route:** \_\_\_\_\_

**Return ETA:**    *Time:* \_\_\_\_\_    *Date:* \_\_\_\_\_

**Notification Deadline:**    *Time:* \_\_\_\_\_    *Date:* \_\_\_\_\_

**Remember to inform** \_\_\_\_\_ **upon your return**

## Staff member(s) in charge:

**Name:** \_\_\_\_\_    **Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_    **Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_