



# Bushwalking & Activity Trip Intention Form



## Section 1: Activity Details

Name of Person			
Organisation Name			
Address			<i>This Section to be completed on trip completion</i>
			Date/Time - Initial
			Returned
			Overdue
Contact Phone No.			
Location of Trip	Supervisor Advised		
	Rescue Coord Advised		
Start Date/Time	Officer Sign/Reg#		
Finish Date/Time	Comment		
Return Location			
PLB Taken Y/N	PLB No.		
	Serial No.		
Own/Personal PLB HEX No			<b>PLB return check list</b>
	Seal Intact	Y/N	Unit Activated Y/N
	Faults / Damage	Y/N	Reported to Rescue Coord Y/N

**This Section To Be Read And Initiated By Person Completing Form**  
X

**Ensure that every member of the party is physically capable of completing the journey, including special skills and/or training that is required. You must consider all known and variable factors in relation to this journey and plan accordingly. Consult the Bureau of Meteorology and National Parks and Wildlife and Rural Fire Services websites for updated details prior to departure:**

[www.bom.gov.au](http://www.bom.gov.au)

[www.environment.nsw.gov.au/nationalparks](http://www.environment.nsw.gov.au/nationalparks)

[www.rfs.nsw.gov.au](http://www.rfs.nsw.gov.au)

## Proposed Activity, Route Details And Timeframe

Has anyone in the group completed the trip/activity previously? Yes/No

Please indicate route, rest stops and/or overnight locations including date. Use grid reference/map details, or common feature names or reference points. Attach additional details to this form if required.

Start Date	/ /	Location		End Date	/ /	Location	
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Trip Description:

Vehicle details

Rego & Location

Rego & Location

**Individual items (carried by each person)**

**Group items (carried within the group)**

Food for ? days		1 <sup>st</sup> aid kit	
Compass/GPS		Wet weather gear	
Sat phone (No.)		Topo/maps	
Litres of water		Spare/warm clothing	
SPOT		Flashlight	
Tent/shelter		Emergency Flares (colour)	
Other		Matches/fuel	

Group details		
Name	Mobile	Emergency Contact Name & No.
Any Medical Conditions? Y / N? Provide details below-		
<i>Acceptance of this form does not constitute approval by NSW police force or National Parks And Wildlife Service to undertake the proposed activity. Organisers &amp; participants in activity are responsible for the necessary planning and preparation for its safe conduct.</i>		
<i>It is your responsibility to notify Police/NPWS when you have returned from your activity.</i>		
<i>Failure to return by the time specified does not automatically initiate a search and rescue response, the purpose of this form is to gather information which may be of assistance in the event of an emergency. It is your responsibility to have a responsible adult aware of your plans who can notify police in the event you are overdue.</i>		
<b>Name and Signature of person completing form</b>		
Name	Signature	

*Acceptance of this form does not constitute approval by NSW police force or National Parks And Wildlife Service to undertake the proposed activity. Organisers & participants in activity are responsible for the necessary planning and preparation for its safe conduct.*

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Name	Signature
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<p><b>Section 2: PLB Borrowing Details (to be completed by officer)</b></p>			
I.D. copied + attached? Y/N		Operating guide supplied? Y/N	
Issuing Loc		Safety advice supplied? Y/N	
Katoomba Police/Springwood Police/NPWS/Echo Point/ Glenbrook/Oberon/Windsor			
Unit number	UIN number	Security Seal intact: Y / N	
<p><b>Following Sections To Be Read And Initialled By Person Lodging Form</b></p>			Initial Below
<p>Carefully read the information and instructions provided. Technology will not guarantee your safety &amp; there are limitations on the effective operation of PLB's in some environments. Prevailing conditions may affect search and rescue resources. PLB's are an emergency device and should only be used in life threatening emergencies. Misuse may lead to prosecution. It is your responsibility to properly plan &amp; prepare for the activity and be physically &amp; mentally capable of completing it.</p>			X _____
<p>Persons borrowing PLB's agree to return them to the location where they obtained it.</p>			
<p>The recipient acknowledges that this equipment remains the property of the NSW Police and under no circumstances does any person or entity acquire any interest in the equipment. It must be returned to the place it was loaned at the expiration of the period nominated or when the recipient returns from the remote area activity or to any police officer at anytime on request of that officer. The recipient must accept responsibility for the safekeeping, care and use of the equipment and for its return to the place of loan.</p>			X _____
<p>The loan of the PLB equipment does not guarantee that the NSW Police Force or the NSW National Parks and Wildlife Service will mount a search and rescue operation in any circumstances.</p>			X _____
Recipient Name		Recipient Signature	
Issuing Officers Name		Issuing Officers Signature	
Date- / /		Time- :	
<p><b>This Form To Be Faxed Or Delivered To The Police Station Or NPWS Office Nearest To The Proposed Activity Location</b></p>			

Section 2: PLB Borrowing Details (to be completed by user)		
I.D. copied + attached? Y/N	Operating guide supplied? Y/N	Safety advice supplied? Y/N
Borrowing location: <input type="text"/> (B.D. in: ADAMS/Echo Point/ Glenbrook/Oberon/Windsor)		

I.D. copied + attached? Y/N		Operating guide supplied? Y/N		Safety advice given? Y/N	
Issuing Loc		Katoomba Police/Springwood Police/NPWS/Echo Point/ Glenbrook/Oberon/Windsor			
				Security Seal intact: Y / N	

Issuing Loc	Katoomba Police / Springwood Police / ...		Security Seal intact: Y / N
Unit number	UIN number		

**Following Sections To Be Read And Initialed By Person Lodging Form**

Initial Below

**Following Sections To Be Read And Initialed By Person Using -**

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X

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X

The loan of the PLB equipment does not guarantee that the NSW Police Force or the NSW National Parks and Wildlife Service will mount a search and rescue operation in any circumstances.

X

<i>circumstances.</i>		Recipient Signature
Recipient Name		

Issuing Officers Name	Issuing Officers Signature
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Name			Time-	:
Date-	/	/		

Date- / / Time- .

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