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| ***PERSONAL OUTDOOR PLAN***  For | | | | | | | | | | | | | | |
| *PERSONAL DETAILS* | | | | | | | | | | | | | | |
| Name:  Address:  DOB: | | | | **Photograph** | | | | | | | Travelling with:  Emergency Contact: | | | |
| ***COMMUNICATION DETAILS - TELEPHONE*** | | | | | | | | | | | | | | |
| Owner: | | | | Mobile Number: | | | | | | | | Network: | | |
| Owner: | | | | Mobile Number: | | | | | | | | Network: | | |
| ***PLB CARRIED*** | | | | | | | | | | | | | | |
| Owner: | | | | Make & Model: | | | | | | | | Serial No: | | |
| Hex ID: | | | | | | Registration Info: | | | | | | | | |
| ***MEDICAL CONDITIONS / ALLERGIES / MEDICATION CARRIED*** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ***VEHICLE DETAILS*** | | | | | | | | | | | | | | |
| Owner: | | Make: | | | | | Model: | | | Colour: | | | | Plate Number: |
| ***MAP INFORMATION*** | | | | | | | | | | | | | | |
| Map Sheet: | | | | | | | | | Datum: | | | | | |
| ***ACTIVITY PLAN*** | | | | | | | | | | | | | | |
| Start Date: | | | | | Start Time: | | | | Start Point: | | | | | |
| End Date: | | | | | End Time: | | | | Finish Point: | | | | | |
| Leg | From | | To | | | | | Direction | | Distance | | | Ground Description | |
| 1 |  | |  | | | | |  | |  | | |  | |
| 2 |  | |  | | | | |  | |  | | |  | |
| 3 |  | |  | | | | |  | |  | | |  | |
| 4 |  | |  | | | | |  | |  | | |  | |
| 5 |  | |  | | | | |  | |  | | |  | |
| 6 |  | |  | | | | |  | |  | | |  | |
| 7 |  | |  | | | | |  | |  | | |  | |

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| ***EMERGENCY PLAN*** | | |
| Cut-off Date & Time: | | |
| **Emergency Situation:** In an emergency situation, we will: | | |
| ***EQUIPMENT*** | | |
| **Personal Equipment** | **Activity Equipment** | **Food & Water** |
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| ***OUTDOOR TRAINING / EXPERIENCE*** | | |
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