



NSW Police Force  
www.police.nsw.gov.au

# Bushwalking & Activity Trip Intention Form



Person Lodging Name:		
Organisation Name (If Applicable):		
Address:		
Phone Numbers:	Ph:	Mb:

Initial here to acknowledge  
\_\_\_\_\_

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 & Wildlife and Rural Fire Service 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)

Office Use Only  
Returned Safe & Well  
\_\_\_\_: \_\_\_\_ hrs \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Scheduled Activity Timeframe:

**Start:** Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_      Time: \_\_\_\_:\_\_\_\_ am / pm  
**End:** Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_      Time: \_\_\_\_:\_\_\_\_ am / pm

OR

## Proposed Activity and Route details:

Please indicate route deviation points and/or overnight stopping locations including date. Use Grid Reference / Map details if possible, or common feature names as reference points. Please attach additional details to this form if required.

**Start:**  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only  
Supervisor advised / SAR initiated  
\_\_\_\_: \_\_\_\_ hrs \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End:**  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Office Use Only  
OFFICER:  
\_\_\_\_\_

Has this trip been completed previously ?    No / Yes / Some members

## Vehicle Details:

Rego: \_\_\_\_\_ Location: \_\_\_\_\_  
Rego: \_\_\_\_\_ Location: \_\_\_\_\_



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## Equipment Details:

(please tick & add further details if required)

Individual items carried by <u>each</u> person:	Group items carried by <u>a</u> member of the group:	
Food for ____ days	<input type="checkbox"/> Compass	<input type="checkbox"/> Sat Phone (No:)
____ Litres of Water	<input type="checkbox"/> G.P.S.	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Rainwear	<input type="checkbox"/> Topo. Maps	<input type="checkbox"/> PLB (EPIRB) (type):
<input type="checkbox"/> Warm Clothing	<input type="checkbox"/> Tent / shelter	

## Group Details:

(please attach additional pages if reqd)

Name:	Mobile No: (carried by the group member)	Emergency Contact: (Who Police will call in emergency)
		Name: Ph:
		Name: Ph:
		Name: Ph:
		Name: Ph:
		Name: Ph:
		Name: Ph:
		Name: Ph:

## Please outline any known medical conditions and medications:

Name	Condition / Medications required

**NOTE:** Acceptance of this form does not constitute approval by New South Wales Police Force or National Parks & Wildlife Service to undertake the proposed activity. Organisers & participants in activity are responsible for the necessary planning and preparation for its safe conduct. It is your responsibility to notify when you have returned from your activity. 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 the Police in the event you are overdue.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

This form is to be faxed or delivered to the Police Station or NPWS office nearest to the proposed activity location.