

Journey Planning Sheet

Name of leader		Contact no	
Assistant		Contact No	
Group details		(inc land contact details)	
Land based contact <i>(Provide a copy of this form)</i>		Contact No	

Date of journey		Start time		Finish Time	
Name of area					
Access point <i>(inc Grid Reference)</i>		Egress point <i>(inc Grid Reference)</i>			
Evacuation points <i>(Mark on map)</i>					
Nearest hospital		Contact No			

Significant potential dangers:	
Weather report : Outlook Wind (speed/ direction) Temperature	
River levels / Tides <i>(if applicable)</i>	

Equipment checklist

- | | | | | | |
|-------------------------------------|-------------------------------------|--|---|----------------------------------|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Towline | <input type="checkbox"/> Group shelter | <input type="checkbox"/> Spare Clothing | <input type="checkbox"/> Whistle | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Head torch | <input type="checkbox"/> Repair Kit | <input type="checkbox"/> Food & Drink | <input type="checkbox"/> Map | <input type="checkbox"/> Watch | <input type="checkbox"/> Dry Bag |
| <input type="checkbox"/> Knife | <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Notepad & Pen | <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Compass | <input type="checkbox"/> Spare Paddle(s) |

Leader Self Evaluation

Leader	What could be improved
<p>Did the way I communicate effect the success of the journey?</p> <p>What leadership styles did I adopt for the group and environment?</p> <p>What circumstances made me change my leadership approach?</p>	
Group	
<p>Did my behaviors meet the group's needs?</p> <p>Did I effectively challenge the group during the journey?</p>	
Environment	
<p>What influenced my decision of venue choice in relation to my own skills and ability and the groups needs?</p>	