

# The Hong Kong Award For Young People

## Hong Kong Police Operating Authority

Bronze / Silver Level - Plan for Practice / Assessment Journey

*( OWN DESIGN OF THE COVER SHEET )*

**Name of the Group** : \_\_\_\_\_  
\_\_\_\_\_

**Names of candidates** :  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

**Area covered** : \_\_\_\_\_  
\_\_\_\_\_

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

**Purpose of the Journey** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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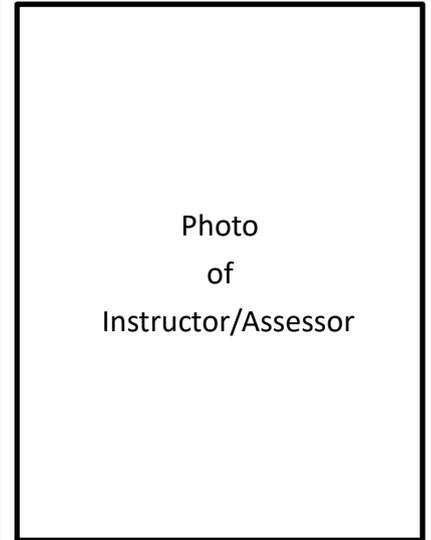
## Journey Introduction

Nature	<b>Hiking / Exploration / Canoeing / Cycling</b>
Dates of Journey	
Area covered	
Map to be used (with serial no.)	

	<b>Name of location</b>	<b>Grid Reference</b>
Assembly point :		
Starting point :		
1 <sup>st</sup> day camp site :		
2 <sup>nd</sup> day camp site :		
End point :		
**Total Distance	_____ km	

## Particulars of instructor/assessor

Name	:	
Telephone no.	:	
Qualification	:	
Remarks	:	



Name	:	
Telephone no.	:	
Qualification	:	
Remarks	:	

















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## **1<sup>st</sup> day Route Map (with Alternative Route)**

( Please mark your planned route on the map and indicate the location of Check Points, Camp Sites, Emergency Rescue Point and Bad Weather Alternatives )

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## **2<sup>nd</sup> day Route Map (with Alternative Route)**

( Please mark your planned route on the map and indicate the location of Check Points, Camp Sites, Emergency Rescue Point and Bad Weather Alternatives )

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### **3<sup>rd</sup> day Route Map (with Alternative Route)**

( Please mark your planned route on the map and indicate the location of Check Points, Camp Sites, Emergency Rescue Point and Bad Weather Alternatives )

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**Full map of the entire route with alternative route & emergency route**





## 1<sup>st</sup>-aid kits (with full list)

Item	Amount
2" scroll elastic bandage	
3" scroll elastic bandage	
Triangular scarf	
2" dressing	
3" dressing	
Cotton	
Cotton swab	
Safety pin	
Adhesive dressing	
Rescue message	
Disinfectant	
Adhesive tape	
Plastic gloves	
Tweezers	
Scissors	
Pencil / ball pen	

## Emergency Rations / Back-up Rations / Action Food

Types	Items	Amount
<b>Emergency Rations</b>		
<b>Back-up Rations</b>		
<b>Action food</b>		





## Distribution of Equipment

Name of Candidate	Name of Equipment	Amount

## Description of camp site / Camp site Report

### 1<sup>st</sup> day

Name of camp site	
Grid Reference	
Name of Operator	
Price	
Transportation	
Facilities (with photo & description)	

### 2<sup>nd</sup> day

Name of camp site	
Grid Reference	
Name of Operator	
Price	
Transportation	
Facilities (with photo & description)	

### 3<sup>rd</sup> day

Name of camp site	
Grid Reference	
Name of Operator	
Price	
Transportation	
Facilities (with photo & description)	

## Budget / Report of Expenses

<b>Budget / Report of Expenses</b>	
<b>Items</b>	<b>Expected charges / Actual charges</b>
<b>Food</b>	
<b>Transportation</b>	
<b>Sundries</b>	
<b>Total expenses</b>	
<b>Average per person</b>	



## **Weather forecast / Weather Report**



# SOS MESSAGE

<b>Injured Person</b>	
<b>Name</b>	
<b>Sex :</b>	Male / Female
<b>Age :</b>	
<b>Blood type :</b>	
<b>Address :</b>	
<b>Medical History :</b>	
<b>Person to be contacted :</b>	Mr / Ms
<b>Tel No.</b>	

<b>Location of the Scene</b>	
<b>Name of Location :</b>	
<b>Grid Reference :</b>	( Map series :                      Map No. : Scale :                                      )
<b>Brief Description of landform :</b>	Open area / thick bushes / trees / headland / valley / hill top / path / road

<b>Accident</b>	
<b>Occurred about</b> _____ hr. on _____ (D) _____ (M) _____ (Y)	
<b>Cause of accident :</b>	

<b>Types of Injury</b>	<b>Injured location</b>
Scrap	Front
Burn	Back
Crush	Head
Fracture	Upper limbs
Bleeding	Lower limbs
Cut	
Pain	
swell	

<b>Condition of the Injured Person</b>	
<b>Eye</b>	Natural / responses to sound / response to pain / no response
<b>Response</b>	Obey instruction / response to pain / no response
<b>Speech</b>	Standard / confuse / babbling / not understandable / no response
<b>Breath</b>	Standard / fast / slow / noisy / calm
<b>Pulse</b>	(standard : 60-84/minute Standard / fast / slow / strong / weak

<b>Treatment given</b>			
shock treatment	CPR	hemostasis	stable fracture

**Shelter erected :** ( Yes / No )

**Plan of moving the injured person :** ( Yes / No )

**Remarks :**

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## **Route Description** (with words and photos)

## Purpose of the Journey (Plan / Report)

Title :	
Why choose :	
Contents :  (with words, photos, diagrams, charts ..... etc)	

Visiting points		G.R.	Name of location
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		

Mode(s) of proceeding :	
Equipment required :	
Way(s) to consolidate the report :	

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**(PHOTOS TAKEN DURING JOURNEY)**

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## **Highlights of the journey**

(include written description and photos)

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**Personal Opinion** (include written description and photos)

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## **Comments from Instructor(s) / Assessor(s)**