



**Girl Guides**  
Singapore

9 Bishan Street 14 Singapore 579785  
Tel: +65 6259 9391 Fax: +65 6259 5452  
E-mail: [queries@girlguides.org.sg](mailto:queries@girlguides.org.sg)  
Website: [www.girlguides.org.sg](http://www.girlguides.org.sg)

OBSERVATION CAMP EVALUATION FORM

Name: \_\_\_\_\_

Address (Home): \_\_\_\_\_

Tel No. (Home): \_\_\_\_\_ Tel No. (School): \_\_\_\_\_

Company: \_\_\_\_\_ District: \_\_\_\_\_ Division: \_\_\_\_\_

Camp Date: From \_\_\_\_\_ to \_\_\_\_\_

Camp Address: \_\_\_\_\_

Advance party (if any): \_\_\_\_\_

No of campers: \_\_\_\_\_ Guides: \_\_\_\_\_ Sr Branch Members: \_\_\_\_\_

Guiders: \_\_\_\_\_ Other Helpers: \_\_\_\_\_

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Please report under the following headings giving comments and suggestions on the camp.

**PART I (Theory Paper/Submission)**

General Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART II (Practical)**

**1. General Appearance & Impression**

- 1.1 Choice of site
- 1.2 Camp layout
- 1.3 Campers: Happy
  - Enthusiastic
  - Disciplined

**2 Sleeping Tent Area**

- 2.1 Cleanliness
- 2.2 Gadgets

**3 Store Tent**

- 3.1 Storage
- 3.2 Cleanliness

**4 Cooking Area**

- 4.1 Cleanliness
- 4.2 Gadgets
- 4.3 Safety measures
- 4.4 Storage of fuel
- 4.5 Menu - balanced diet

**5 Washing-up Area**

- 5.1 Cleanliness
- 5.2 Gadgets
- 5.2 Drainage

Poor	Adequate	Good	Very Good

Poor	Adequate	Good	Very Good
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6 **Bathrooms/Wash Tents**

6.1 Drainage

6.2 Cleanliness

6.3 Screening (if applicable)

7 **Toilets/Latrine Tents**

7.1 Cleanliness

7.2 Layout (if applicable)

7.3 Screening (if applicable)

8 **Health**

8.1 Layout of First Aid Tent

8.2 Storage of medical supplies

8.3 Knowledge and application of medicine

8.4 Emergency Record

8.5 Transport in case of emergency

9 **Disposal of Refuse**

9.1 Arrangements for refuse pit/dustbin

9.2 Arrangements for grease pit/grease trap

10 **Programme**

10.1 Pre-planning/charts

10.2 Organisation/delegation of duties

10.3 Activities - balance and suitable for venue

10.4 Use of guiding knowledge/skills/woodcraft


11 **Observations and recommendations:**

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DECISION OF THE PANEL OF TESTERS
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We are satisfied that \_\_\_\_\_

has shown resourcefulness and we therefore recommend that she be awarded the Camper's Licence/

Senior Branch Camp Permit/ Patrol Camp Permit.

\_\_\_\_\_  
Coordinator Tester Signature

\_\_\_\_\_  
Tester Signature

\_\_\_\_\_  
Coordinator Tester Name  
(IN BLOCK LETTERS)

\_\_\_\_\_  
Tester Name  
(IN BLOCK LETTERS)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DATA PROTECTION**

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