



# TRAVEL PLAN

Program Name:	
Departure date & time:	
Departure Location:	
Destination Location:	
Return date & time:	
Length of travel (Distance in km's):	Time (in hours; straight through with no stops):
Number of driver changeovers or rest breaks required (time divided by 2 for rest/change of drivers every 2 hours)	

Vehicle Type	Load	Approved Drivers

Will there be someone to 'spot' in the front of each vehicle other than the driver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there are not enough drivers to swap are 30min breaks scheduled every two hours for drivers to rest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate length of travel including rest breaks (in hours):		
Locations of rest breaks		
Are all drivers aware of these locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If driving in convoy, are all vehicles aware of who is at the front and back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all drivers know where they are going?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is contact able to be made between each vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How? If via radio indicate the channel.		

If contact is by mobile phone, list contact numbers below:

Name	Number	Vehicle

Can you safely travel to your destination in the time allocated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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This event is run by (tick appropriate box)      Corps <input type="checkbox"/> , Division <input type="checkbox"/> , Territory <input type="checkbox"/>
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Has the Program Approval Form been submitted one month prior to event? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Sign</b> →	Form Completed By:	Signature:	Date:
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