

# Bush Group Resource Guide Facilitators Pack

Templates designed to be modified to  
meet your Bush Group needs.



## Templates included in the Facilitators Pack:

- **Promotional Flyers**
- **Group in Session Flyer**
- **Emergency Action Plan**
- **Session Attendance Sheet**
- **Group Registration Form**
- **Acknowledgement of Country**
- **Media and Promotional Marketing Consent Form**
- **Facilitators Checklist – what to bring to each session**
- **Participant Survey**
- **Terms of Reference for Bush Group Steering Committee / Network**
- **Risk Assessment**

The 'Facilitators Checklist' informs the group facilitator of the appropriate items needed to be taken to the Bush Group session. If the main group facilitator is absent, the checklist enables another facilitator to step in and safely coordinate the Bush Group session.

The 'Group in Session Flyer' is recommended to be displayed at each Bush Group session. This informs the general public that there is a children's group running.

# (Insert Bush Group Name)

Bush Group is a (insert - weekly/fortnightly?) program facilitated by (insert service name) for families with pre-school children.

Bush Group encourages unstructured nature play, encouraging children to connect with nature and explore their environment. Natural resources are used for play; mud, water, rocks, sand.

Nature play provides a great opportunity for children to develop their gross motor skills and indulge their imagination. Research tells us that nature play improves mood, reduces stress, increases resilience and helps children to connect with each other.

Nature play is a valuable opportunity to help children develop skills to be ready for school.

Parents and caregivers are expected to engage in the activities alongside their child(s), with the support of group facilitators.



(Insert Day & Time)

Insert Location

Insert Contact Details)

**Please ensure yourself and children are dressed according to the weather and the possibility of getting muddy, dirty and wet! A change of clothes is recommended.**

(Insert service/partner logos in footer)



(Insert Bush Group Name)

# IN PROGRESS

(Insert Bush Group Name)

is a parent and children initiative that operates

(Insert days/times/location).

(Insert service/partner logos in footer)

(Insert Bush Group Name)

Bush Group encourages unstructured nature play, encouraging children to connect with nature and explore their environment.



(Insert Day & Time)  
Insert Location  
Insert Contact Details)

**Please ensure yourself and children are dressed according to the weather and the possibility of getting muddy, dirty and wet!**

*(Insert service/partner logos)*

(Insert Bush Group Name)

Bush Group encourages unstructured nature play, encouraging children to connect with nature and explore their environment.



(Insert Day & Time)  
Insert Location  
Insert Contact Details)

**Please ensure yourself and children are dressed according to the weather and the possibility of getting muddy, dirty and wet!**

*(Insert service/partner logos)*

(Insert Bush Group Name)

Bush Group encourages unstructured nature play, encouraging children to connect with nature and explore their environment.



(Insert Day & Time)  
Insert Location  
Insert Contact Details)

**Please ensure yourself and children are dressed according to the weather and the possibility of getting muddy, dirty and wet!**

*(Insert service/partner logos)*

## **EMERGENCY ACTION PLAN**

**for**

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

Group Address: \_\_\_\_\_

DATE PREPARED: \_\_\_ / \_\_\_ / \_\_\_

## EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

EMERGENCY COORDINATOR (Group Facilitator/Leader):

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

SECOND EMERGENCY COORDINATOR (Assistant Group Facilitator/Leader):

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

## EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by Group Facilitator/Leader are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS
- OTHER (specify) \_\_\_\_\_  
(e.g., terrorist attack/hostage taking)

## EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: \_\_\_\_\_

PARAMEDICS: \_\_\_\_\_

AMBULANCE: \_\_\_\_\_

POLICE: \_\_\_\_\_

FEDERAL PROTECTIVE SERVICE: \_\_\_\_\_

SECURITY (If applicable): \_\_\_\_\_

ORGANISATION/SERVICE MANAGER (If applicable): \_\_\_\_\_

## **EVACUATION ASSEMBLY POINT:**

(Insert Evacuation Route Map 1)

(Insert Evacuation Route Map 2)

*Emergency Coordinator should know at least two evacuation routes.*

Ensure the following information is marked on Evacuation Route Maps;

- Primary and secondary evacuation routes
- Assembly points

## **EVACUATION PROCEDURES:**

- Notify participants of emergency – blow whistle, speak loudly to draw attention
- Keep children and parents calm by reassuring “no need to panic”
- Ensure attendance sheet and participant registration forms with medical information is in the group’s First Aid Kit
- Take only the First Aid Kit; leave all other group materials to be collected later
- Follow route to Assembly Area, walk children in pairs with facilitator and adult helper positioned at front and back of group
- On arrival at Assembly Area, count / head check against attendance list to ensure all children and parents are accounted for
- If the evacuation to Assembly Area is for extreme weather conditions, wait for weather to pass then continue with Group activities; if the weather remains extreme discontinue Group
- If circumstances demand notify emergency services





## (Insert Bush Group Name) Registration Form

*To be completed as a one off by every family prior to their first session. Please use a second form and attach if you are responsible for more than three children.*

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to child(s): Mother / Father / Carer / Grandparent / Other \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you Indigenous/Torres Strait Islander? Yes / No

Are you Immigrant/Refugee? Yes / No

---

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Relevant Medical Information: *(please include any allergies, medications, conditions)*

\_\_\_\_\_  
\_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Relevant Medical Information: *(please include any allergies, medications, conditions)*

\_\_\_\_\_  
\_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Relevant Medical Information: *(please include any allergies, medications, conditions)*

\_\_\_\_\_  
\_\_\_\_\_

---

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I confirm that the above information is accurate to the best of my knowledge, and I am not withholding any information that will be detrimental to participation. *Please let the Bush Group facilitators know if any of the above information changes.*

## Acknowledgement of Country

An 'Acknowledgement of Country' is a way that all people can show awareness and respect for Aboriginal culture and heritage and the ongoing relationship the traditional owners have with their land.

Both Indigenous and non-Indigenous people can perform 'Acknowledgement of Country'. It is a demonstration of respect dedicated to the traditional custodians of the land (or sea) where the event, meeting, school function or conference takes place.

It can be formal or informal and usually is read out loud at the beginning of the initiative.

### **Sample Acknowledgement of Country where the language group is not known:**

I would like to show my respect and acknowledge the traditional custodians of this land, of elders past and present, on which this event takes place.

### **Sample Acknowledgement of Country using a specific nation:**

I would like to acknowledge the Wathaurong people who are the traditional custodians of this land. I would also like to pay respect to the elders past and present of the Wathaurong nation, and extend that respect to other Aboriginal people present.

## Facilitators Checklist – what to bring to each session:

- Emergency Action Plan
- Session Attendance Sheet
- Group Registration Forms – completed forms for all current group participants, as well as blank forms for new participants
- Acknowledgement of Country (if chosen to implement)
- Media and Promotional Marketing Consent Forms
- First Aid Kit
- Water
- Tarps
- Signage to inform public a children's group is in process

## Media and Promotional Marketing Consent Form:

(Insert Organisation/Service/Bush Groups name) is committed to raising awareness about the health and wellbeing benefits of spending time in natural settings and engaging in nature play.

Please complete this form if you are comfortable with (Insert Organisation/Service/Bush Groups name) taking photographs of you and your child(s) and their artwork/creations.

I (name), \_\_\_\_\_, hereby give (Insert Organisation/Service/Bush Groups name) permission to photograph me and my child(s) while participating in the (insert Bush Group Name). I acknowledge these photographs will be used for;

- Distribution between group members
- Service/Organisation reports, newsletters, promotional material
- Service/Organisation website and social media avenues
- Partner websites and social media avenues

I understand that while (Insert Organisation/Service/Bush Groups name) will try to protect my child(s) and my interests, once I participate, (Insert Organisation/Service/Bush Groups name) may not have control over what gets published, or how the media or public use the published material.

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

## Participant Survey Template:

- 1) From an adult's perspective, what did you enjoy most about participating in the (insert Bush Group name)?

---

---

---

- 2) What do you think your child(s) enjoyed most about participating in the (insert Bush Group name)?

---

---

---

- 3) What made it easy/difficult for you to attend the (insert Bush Group name)?

---

---

---

- 4) How would you say participating in the (insert Bush Group name) has/hasn't improved your child(s) and yours' overall health and wellbeing?

---

---

---

- 5) What do you see the biggest value/benefit of participating in the (insert Bush Group name) is?

---

---

---

6) Do you have any suggestions/feedback on how the (insert Bush Group name) could be improved?

---

---

---

7) Are there any other general comments/feedback you would like to add?

---

---

---

Thank you very much for completing this questionnaire.  
Your comments will help with the group's continuation and improvement.

## Terms of Reference Template:

### Partnership Terms of Reference:

Terms of Reference (ToR) can set out the working arrangements for a partnership and can list vital information about the partnership, such as its purpose, chair and membership, meeting schedule, level of administrative support, and dispute resolution processes.

### Role/Purpose:

The role of (insert Committee/Network Name) will provide strategic direction and leadership to ensure (insert statement about vision/key objective of partnership).

The (insert Committee/Network Name) sets out to achieve (insert what outcomes).

*Example; focus on engaging children, parents, and early childhood educators in nature play. It is anticipated that through engaging children, parents and educators all will benefit socially, emotionally, physically, cognitively, and spiritually. The Working Party will be responsible for continued communication, support and promotion of the (insert Bush Group Name), ensuring efficient and effective operation.*

### Term:

This Terms of Reference is effective from (insert start date) and continues until the (insert expected date of completion of the Committee/Network or will be ongoing until terminated by agreement between the parties).

### Membership

The (insert Committee/Network Name) will comprise:

- Name, Title, Organisation, role (Chair/Member etc)
- Name, Title, Organisation, role (Chair/Member etc)
- Name, Title, Organisation, role (Chair/Member etc)

### Roles and Responsibilities

*To be discussed with the Committee/Network members; some examples may include:*

The Committee/Network will commit to / is accountable for:

- Fostering collaboration
- Removing obstacles to the Partnership's successful delivery, adoption and use
- Attending all scheduled Committee/Network meetings
- Share all communications, information and learnings across all Committee/Network members
- Make timely decisions and take action so as to not hold up the project
- To be alerted to potential risks and issues that could impact the project, as they arise
- Open and honest discussions, without resort to any misleading assertions
- Support and promotion of the project, ensuring efficient and effective operation



**Meetings**

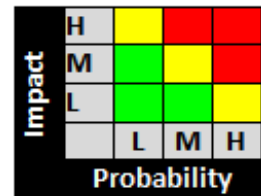
- All meetings will be chaired by (insert name and organisation)
- A meeting quorum will be (insert number) members of the advisory group
- Decisions made by consensus (i.e. members are satisfied with the decision even though it may not be their first choice). If not possible, advisory group chair makes final decision
- Meeting agendas and minutes will be provided by (Insert name and organisation)
- Meetings will be held (how often) for (specify time) at (specify location).
- If required subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

**Amendment, Modification or Variation**

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by (insert Committee/Network Name) members.

# RISK ASSESSMENT

| Step 1: Risk Identification                | Step 2: Risk Assessment |                 | Step 3: Risk Management   |  |                   |                          |                        |
|--|-------------------------|-----------------|---|--|-------------------|--------------------------|------------------------|
| List of Possible Risks                     | Probability<br>H/M/L    | Impact<br>H/M/L | What are we already doing about it?<br>(mitigating factors)               | What more can we do about it?                | Timescale         | Person Responsible       | Reviewed Level of Risk |
| <i>Example: Insect bites and stings</i>    | <i>Medium</i>           | <i>Medium</i>   | <i>Site assessment, reminding participants to look out, first aid kit</i> | <i>More first aid trained adults on site</i> | <i>Continuous</i> | <i>Group Facilitator</i> | <i>Medium/Yellow</i>   |
|  |                         |                 |   |  |                   |                          |                        |
|  |                         |                 |   |  |                   |                          |                        |
|  |                         |                 |   |  |                   |                          |                        |
|  |                         |                 |   |  |                   |                          |                        |
|  |                         |                 |   |  |                   |                          |                        |
| <b>Date to be reviewed</b>                 |                         |                 |   |  |                   |                          |                        |
| <b>Person/Group responsible for review</b> |                         |                 |   |  |                   |                          |                        |



**Risk Probability**

- \*High - Greater than 70% probability of occurrence
- \*Medium - Between 30% and 70% probability of occurrence
- \*Low - Below 30% probability of occurrence

**Risk Impact**

- \*High - Risk that has the potential to greatly impact project cost, project schedule or performance
- \*Medium - Risk that has the potential to slightly impact project cost, project schedule or performance
- \*Low - Risk that has relatively little impact on cost, schedule or Performance

*Risks that fall within the RED and YELLOW zones will have risk response planning which may include both a risk mitigation and a risk contingency plan.*