Our ref: POWC/HK/FET/19
From: Organising Secretary, Public Officers’ Welfare Council
To: Supervising Officers i/c Ministries/Departments

Date: 19 February 2019

Hiking Trail at Pétrin – Mare Longues Loop & Plucking of ‘Goyaves de Chine’

“In every walk with nature, one receives far more than he seeks” – John Muir

The Public Officers’ Welfare Council (POWC) is organising a Hiking Trail at Pétrin – Mare Longues Loop on Saturday 13 April 2019 for the benefit of public officers and their families.

2. The park harbours most of our plants, birds and geckos which are native to Mauritius. Part of the Black River Gorges National Park has been designated as a Biosphere Reserve by UNESCO. This National Park reveals all the natural splendour of the wildlife, panoramic views, unique landscapes and scenery in Mauritius.

3. Hiking at Pétrin – Mare Longues Loop Trail description:
   - Distance: 13 km
   - Duration: 6 Hours (Round Trip)
   - Type: Easy & Flat Terrain Trail
   - Dress code & Equipment: Track suit, Legging, Hiking shoes (compulsory), caps, raincoat, mosquito repellent, sunscreen.

4. Programme of the day:
   - 09 30 hrs Arrival at Pétrin Visitors’ Centre
   - 09 45 to 12 00 hrs Hiking, Sightseeing & Scenery Viewing (6.5 km)
   - 12 15 hrs Resting, Picnicking & Lunch at Mare Longue Reservoir & Leisure Time
   - 13 30 hrs Trekking in native forests & Plucking of ‘Goyaves de Chine’ (6.5 km)
   - 15 30 hrs Departure from Pétrin Visitors’ Centre

5. It is mandatory that participants be physically fit for the hiking trail. The activity is not recommended for children under 05 years. The Council has taken all safety measures for the excursion. However, participants will have to bear responsibility of any mishap caused by themselves or accompanying members of their family during the excursion.

6. A nominal fee of Rs. 300 will be charged per participant, which is inclusive of lunch/soft drink & transport.

7. As a token of courtesy, the POWC will provide free of charge to each participant bottled water (1 litre) and a fruit.
8. Departure from pick-up points will be as follows:

(a) Curepipe (Near Municipality of Curepipe & SBM) 08 30 hrs
(b) Trianon (Near Trianon Shopping Mall) 08 20 hrs
(c) Reduit, University of Mauritius (Bus Parking) 08 15 hrs
(d) Port Louis (Government Centre – Near Queen Victoria Statue) 08 00 hrs
(e) Pamplemouses (Parking – SSR Botanical Garden) 07 45 hrs

Please note that the buses will leave their respective pick-up points exactly at the time indicated above and will leave Pétrin at 15 30 hrs. Participants not availing of transport facilities provided by the Council as well as latecomers at picking points will have to make their own transport arrangements.

9. Public officers interested to join the excursion are requested to fill in the enclosed participation form at Annex 1 and submit same together with the exact amount to the POWC on the scheduled payment date. Applicants should produce a photocopy of recent pay slip/top part of pay slip indicating the name, pay site code and NIC number or any written evidence/document attesting that the applicant is a serving public officer.

10. Payment will be received on a "first come first served basis" as from Friday 28 February 2019 from 09 30 to 14 00 hours at the seat of the Public Officers’ Welfare Council, 6th Floor, ATOM House, 16, Royal Street, Port Louis.

Participants are kindly requested to effect payment, preferably by bank card, cash or cheque to the order of "Public Officers’ Welfare Council".

11. A cancellation fee of Rs. 200 per participant will be charged in case of non-participation in the excursion. Please note that refund will only be considered in exceptional cases such as illness, death of close relative or any other acceptable reason, supported by documentary evidence.

12. The POWC reserves the right to cancel the excursion in case of bad weather conditions or any other unforeseen circumstances. Participants will be refunded accordingly.

13. It would be appreciated if the contents of this letter could be brought to the attention of all the staff of your Ministry/Department. A copy of this circular letter is also reproduced on the Council's Website: http://powc.govmu.org.

S. Bundhoo
Organising Secretary

Copy to: President of Staff Welfare Associations
APPLICATION FORM

Applicant’s Name: Mr./Mrs./Miss. .................................................................

(* Strike as appropriate and SURNAME IN BLOCK LETTERS)

Designation: .........................................................................................

Tel Off: ......................................................... Fax: .........................................

Ministry/Department: ...........................................................................

Office Address: .......................................................................................

Tel (Res): ...................................................(Cell): ........................................

Residential Address: .............................................................................

Pick-up Point (✓) tick as appropriate:

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Accompanied By:

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*Every participant will be provided with bottled water (1 Litre) and one fruit

Note:

(i) Photocopy of recent payslip/taxi part of payslip indicating the name, pay site code and NIC number or any written evidence/document attesting that the applicant is a public officer in service should be produced when effecting payment.

(ii) All safety measures for the excursion have been taken by the organizers.

(iii) Participants should be physically fit for the hiking. The hiking trail is not recommended under the age of 05 years.

(iv) A cancellation fee of Rs. 200 per participant will be charged in case of non-participation to the excursion. Refund will be considered only in exceptional cases e.g. illness or death of close relative supported with documentary evidence.

(v) Participants should abide to instructions provided on the programme of the day.

(vi) Be assured that all information furnished in the form will be kept confidential.

I and my family members confirm that we are participating in the Hiking Trail at our own risk. I understand by signing this participation form that neither I and/or my family member cannot enter any representation, or statement, or legal action against the Public Officers’ Welfare Council.

Date .......................................................... Signature of Applicant ...........................................

For office use only

Amount Paid .......................................................... Receipt No. .............................................

Payment Effected by: Cash: ..........................................................

Bank Card: ..........................................................

Cheque: ..........................................................

Cheque No: ..........................................................