The District Commissioner is responsible for approving all activities for Beaver Scouts, Cub Scouts, Scouts and Explorer Scouts. Within Three Towns District this approval is requested by emailing this form to [DC@ThreeTownsScouts.org.uk](mailto:DC@ThreeTownsScouts.org.uk) no later than 14 days before the event. Please ensure you send it in plenty of time just in case there are any questions or queries.

Exact numbers, route plans and additional information such as attendee’s names, menus, programmes, risk assessments are not to be submitted with this form unless requested.

The Leader in change must ensure the activity is planned and run in full accordance with The Scout Association’s Policy, Organisation and Rules “PO&R”, in particular, with all the sections of Chapter 9 – Activities, this includes items such as InTouch, Risk Assessment, Emergency Procedure and the Adventurous Activities Permit Scheme. Please always ensure you have checked the latest version of Chapter 9, which is available on the *Members* page of [www.scouts.org.uk](http://www.scouts.org.uk) in the *Policy, Organisation and Rules* section.

Group Scout Leaders are locally responsible for all activities in their Group and thus must be made aware of all the activity details prior to submitting this form and kept informed of any changes or issues.

All overnight events must be notified using the separate “Nights Away Notification “NAN” form

Please fill in the form below and send to the District Commissioner - [DC@ThreeTownsScouts.org.uk](mailto:DC@ThreeTownsScouts.org.uk)

**SECTION 1 – ALL INFORMATION TO BE COMPLETED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group or Unit | | |  | | | | | | |  | | Section | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Activity Date | | |  | | | | | | |  | | Venue | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Description of Activity | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | |  | | | | | |  | | | |
| Organising Leader | | | | |  | | | | |  | | Scouting Role | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | |  | | | | |  | | Email | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Numbers |  | BS: | |  | | CS: |  | S: |  | | ES: | |  | |  | | Adult Leaders | |  | Other Adults |  |
|  |  |  | |  | |  |  |  |  | |  | |  | |  | |  | |  |  |  |
| PO&R Chapter 9 checked and the Activity is compliant with all rules | | | | | | | | | | | | | | | | YES  NO  (if no state why below) | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Leader/Other Adult Information | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Leaders: | |  |  |  |  |  |  | |  |  |  | **Expiry Dates** | | | |  | |  | **Name** | **Role** | **DBS** | **Safety** | **Safeguarding** | **First Aid** |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | | Other Adults: | | |  |  |  |  |  | | |  |  |  |  |  |  |  |  | |  | **Name** | **Role** | **DBS Expiry Date** | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | |  |  |  |  | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  |  |  |  |  | |  | |  |  |  | |  |  |  |
| In Touch Details | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Written COVID-19 risk assessment approved by District Approver | | | Author:  Date Completed:  Authorised By: | | | | | |  | | Written activity risk assessment completed and approved by GSL or Commissioner | | | | Author:  Date Completed:  Authorised By: | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

**SECTION 2 – TO BE COMPLETED IF REQUIRING ADVENTUROUS ACTIVITY PERMITS OR USE OF SPECIALIST INSTRUCTORS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualified person (1) | |  |  | Telephone | |  |
|  | | | | | | |
| Permit or qualification |  | |  | Email |  | |
|  | | | | | | |
| Qualified person (2) | |  |  | Telephone | |  |
|  | | | | | | |
| Permit or qualification |  | |  | Email |  | |