



NATIONAL OFFICE

Member of the World Organisation of the Scout Movement

PACK ACTIVITY: PERMIT APPLICATION FORM

OUTING HIKE CAMP PACK HOLIDAY GROUP DISTRICT REGION

APPLICANT/ACTIVITY LEADER'S DETAILS AND PACK SCOUTER'S NAME: (If Different)

Name of Activity Leader:	<input type="text"/>	Rank:	<input type="text"/>		
Pack Name:	<input type="text"/>	District:	<input type="text"/>		
Region:	<input type="text"/>	Warrant No.	<input type="text"/>		
Water Awareness No.	<input type="text"/>	Camping License No.	<input type="text"/>		
Tel:	<input type="text"/>	Cell:	<input type="text"/>	Email:	<input type="text"/>
Name of Pack Scouter:	<input type="text"/>	Warrant No.	<input type="text"/>		
Tel:	<input type="text"/>	Cell:	<input type="text"/>	Email:	<input type="text"/>

EVENT DETAILS: (Include as many details as possible)

Venue Name:	<input type="text"/>	Venue Owner Contact:	
Address:	<input type="text"/>	Name: <input type="text"/>	
District:	<input type="text"/>	Tel No: <input type="text"/>	
Region:	<input type="text"/>	GPS: <input type="text"/>	
Start Date/Time:	<input type="text"/>	End Date/Time:	<input type="text"/>
Male Scouter/Adult:	<input type="text"/>	Female Scouter/Adult:	<input type="text"/>

If mixed group event, provide names of Female Adult and Male Adult present at the activity for the duration of the event

No of Male Scouters:	<input type="text"/>	No of Female Scouters:	<input type="text"/>	No of Boys:	<input type="text"/>	No of Girls:	<input type="text"/>	Total	<input type="text"/>
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Description of event:

Programme: Has a programme been submitted and accepted by the SGL/DC: Yes No

SAFETY PLAN: (Include as many details as possible)

Will there be water/air activities: Yes No Description:

Charge Licence Holder: Charge Licence No:

Will there be any potentially risky activities?

Yes Description:

No

Explain the safety plan: (Add additional pages if needed)

Nearest Hospital: Contact No.

Address:

Emergency Contact Parent: Contact No.

Emergency Contact Scouter Contact No.

First Aider in Charge: Level:

CHECKLIST FOR CUB CAMPING AND PACK HOLIDAYS:

- | | | |
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| 1. Does the Activity Leader have necessary qualifications (Warrant Course and Cub Camping License)? | Yes | No |
| 2. Has permission to use site has been obtained from owners? | Yes | No |
| 3. Has the Regional Team Coordinator (RTC) approved the camp site? | Yes | No |
| 4. Is there a permanent shelter? | Yes | No |
| 5. Has a skeleton programme been submitted to your DC & RTC Cubs? | Yes | No |
| 6. Is there a qualified first aider on camp at all times? | Yes | No |
| 7. Is there an adult (excluding the first aider) per every six Cubs? | Yes | No |
| 8. Are the Cubs 8 years of age or over? | Yes | No |
| 9. Are there separate tents or sleeping arrangements for girls and boys? | Yes | No |
| 10. Are there separate tents or sleeping arrangements for male and female Scouters? | Yes | No |
| 11. Are there separate tents or sleeping arrangements for adult and youth members? | Yes | No |
| 12. Has suitable transport been arranged in terms of the Safe Scouting Policy? | Yes | No |
| 13. Will the Applicant ensure that each youth member provides a parental consent and health form before or at the event? | Yes | No |
| 14. Is there network connection / cell coverage available at the site? | Yes | No |
| 15. Is your RTC or a National Cub Programme team member going to visit the camp? | Yes | No |

DECLARATION:

I have read and will apply OR, Safe Scouting Policy and Regional Permit Guidelines and accept that such policies shall be binding upon the proposed activity.

Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
	Applicant				

APPROVAL:

I am satisfied that the above person is fully conversant with OR and Safe Scouting and suitably experienced to lead the activity

DC/SGL:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
RTC Cub Prog. (When required)	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

HOST NOTIFICATION:

I hereby confirm that I have notified and received feedback as per guidelines (By Email / SMS / Phone Call) from:

Host RC:	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>
Home DC/SGL	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

THIS PERMIT MUST BE RETAINED BY THE ACTIVITY LEADER AT THE EVENT AND PRESENTED ON REQUEST

Recommended Procedures and Guidelines for permit applications:

(Regions may alter the timing for applications for activities within their Region, to suit their circumstances)

1. If the activity is in the home District, approval of your DC is required at least 7 days before the start of the activity.

For all camps and hikes:

2. For all events outside the home District but within the Region, the application must be given to your DC 14 days before the intended date of departure.
3. For events outside the Region: This application must be given to your DC, for submission to Regional Commissioner, 21 days before the intended date of departure.
4. For an event outside South Africa: This application must be given to your DC for submission to Regional Commissioner and then to National HQ 100 days before the intended date of departure. Approval from the international committee must be obtained before final planning takes place.
5. For hikes or camps in the KwaZulu-Natal Drakensberg mountain range / Western Cape Mountains the appropriate special permit application is required in addition to this permit. Both permits must be submitted to Regional Commissioner 30 days before the event.
6. If the Scouter in charge needs to cancel or leave the camp or hike the Scouter is required to inform his/her Scout Group Leader.

Responsibility for notification:

7. It is the responsibility of the Pack Scouter to notify the Group scouter, the DC to notify the host DC and Regional Commissioner to notify the host Region. Proof that notification has been received must be obtained.

Water activities:

8. All water activities require the person in charge to hold the relevant Charge Certificate.
9. The relevant Regional supplementary application form for a Water Activity must also be completed
10. All time frames for submission of applications are doubled for water or air activities and the approval of the Regional Support Team Member Water or Air Activities must be obtained before the approval of the DC or RTC Scout Program as appropriate.

REPORT AFTER THE EVENT (WITHIN 21 DAYS)

I, _____, am satisfied with the manner in which the activity covered by this permit was conducted, and the state in which the grounds have been left.

(Host) District Commissioner/Owner/Agent:

Date: Tel No.

Comments: