**Suffolk County Scout Council**



Registered Charity number 305682

**County Mountain Activities Team**

**Winter Walking Training Weekend , weekend Sat 3rd to Sun 4th February 2024 (arriving Fri night 2nd Feb )**

Waddecar Scout Activity Centre Snape Rake Lane,Goosnargh,Preston,Lancashire,  
PR3 2EU

***DATA PROTECTION***

*This form is used to collect information about your young person for the purpose of the event named below, this is to be used by the section leadership team only. As part of this form we collect personal data about your young person. This detail is required so that we can register them for the event. This form also collects sensitive (special category) data about your young person, this detail is required so that we can offer additional support if required and keep your young person safe whilst in our care. We may share your personal data in this form with third parties, for event registration. These third parties are used on the basis that they align with our data privacy policies. We take your personal data privacy seriously. The data you provide to us is securely stored* *[based on local arrangements] and will be kept for 2 months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy* [*available at scouts.org.uk.*](https://scouts.org.uk/media/980616/Data-protection-Policy-v20-Oct-2018.pdf)

* For Network and Leaders, Assistant Leaders, Section/Unit Assistants, Explorer Scouts . **NOTE THIS IS NOT AN EVENT FOR SCOUTS**
* Scouts should ideally be accompanied by a Troop Leader or other approved adult. There are a limited number of places available to unaccompanied Explorer Scouts and bookings will be accepted at the discretion of the organizing Team.
* The activity on offer will be hillwalking and the level will be tailored to the ability and experience of those attending.
* Cost - £40 per person
* Covers the cost of accommodation, breakfast, packed Lunch and evening meal Saturday + breakfast and Lunch on Sunday.

* There is a limit of 35 places for indoor accommodation on the Friday night.
* Transport – Units and Groups to make their own arrangements.
* Kit – See list overleaf.
* **InTouch information –** Groups/Units may arrange their own home contact but due to the adventurous nature of the activities offered by the Team we maintain a central Home Contact and all enquiries to the Team during the Event should be routed through this person.
* The Event Team will also convey any necessary information to individual Group/Unit contacts and/or parents/carers during the Event through the central Home Contact – this contact will be advised to participants after booking received.

***What next!***

Fill in the application

We will then set them up on OSM (**O**nline **S**cout **M**anager) and send a link to the adult to complete the attendee details and manage payments for the event.

Alternatively, **if your group uses OSM please ask your Leader to use the “share with another section” facility, select “or any section in the country” open the list and pick “scouts”. Then type in “Suffolk County Mountain Activities Team: CMAT Trips” and share the member.**

e-mail the Event Administrator to confirm you have completed the OSM application ***as soon as possible***. Cmatevents@suffolkscouts.org.uk

There will be no refunds for cancellations unless the Team can allocate places to another participant.

**Kit List:**

Rucksack with thick bin liner (in case of rain), sleeping bag, Sleep mat, pillow, nightwear, waterproof coat and trousers, warm sweaters/fleece, T-shirts or similar (non-cotton for walking/climbing), shorts/trousers (no jeans for walking), underclothes, socks, hiking boots, indoor shoes/trainers, washing kit, towel, swimming trunks/costume, personal medication, Head torch/batteries and whistle, tea towel. Unbreakable water bottle (2 litres), cutlery, knife, fork, spoon, cup, **sun hat, sun cream**, sun glasses, Warm hat, gloves, insect repellant, map case and ‘silva’ type compass if you have them.

Please note this is the **minimum** amount of kit required for this type of event.

Outdoor clothing and footwear must be suitable for the weather conditions that may be experienced when taking part in these activities in a hill or mountain environment.

Leaders may wish to check OS Maps 1:25000 OL41 for possible route planning

All activities will be run in accordance with the Scout Association Rules. No responsibility for personal equipment, clothing and effects can be accepted by the Event Organisers and the Scout Association **DOES NOT** provide automatic insurance cover in respect of such items. This includes mobile telephones and participants will be encouraged to turn off phones during the event and only use in an absolute emergency.

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***Please note: all participants to complete all sections of this form. It gives authority for the Event Leader to sign on your behalf any papers needed by the Medical Authorities in case of emergency treatment.***

**Leaders/Parents - Please ensure these forms are complete before sending in applications.**

**Please ensure this form is completed in full other wise this may delay your application being accepted – thank you! This information is required to ensure the welfare of all participants.**

Please reserve one place for on the aboveevent

Name: Group/Unit:

Please indicate:- Male / Female Leader / assistant / network / Explorer / Scout

Scout membership number (if Leader):

Address:

e-mail:

Postcode: Telephone:

National Health Service Number: Date of Birth:

Date of last Tetanus injection: Medicines currently being taken:

Are you allergic to anything (eg aspirin, antibiotics, particular drugs or food?), if so please give details:

Do you have any special dietary needs? Do you have any mobility difficulties?

Name and address of family doctor: Telephone number …………………..

During the event (if not at home, ie holiday etc) I/my . . ……….. . . can be contacted at:

Name: (of parent/carer, relative, family friend)

Telephone number (Landline please)…………………………**If a landline number is not available please provide the address of the above if not the same as the participant in addition to a mobile phone number – thanks.**

Address: (of parent/carer, relative, family friend)

I will inform you if she/he/I has/ or have been in contact with any infectious disease within three weeks prior to the event. If it becomes necessary for …………. . . to receive medical treatment and I cannot be contacted by telephone, or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Scouter-In-Charge to the event, to sign any document required by the hospital authorities.

Signature……………………………………………………………………………………………Date

Note: The medical profession takes the view that the parent’s/carer’s consent to medical treatment cannot be delegated. This view is explicit in the Children’s Act 1989. Thus medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/care has the right to so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by the medical authorities.