# Activity Notification Form

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| This form needs to be sent to the activityform@tamesidesouthscouts.org.uk 7 days BEFORE the event. |

Overview of event –

|  |  |  |
| --- | --- | --- |
| **Date/s of Event** | Start Date | End Date: |
| **Activity Location Name** |  | |

Group and Section Details

|  |  |
| --- | --- |
| **Sections Involved** | Beavers  **Cubs** Scouts Explorers ~~Network~~ |

Attendance Details

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Numbers Attending** | **Beaver Scouts** | | **Cub Scouts** | **Scouts** | | **Explorer Scouts** | | | **Adult Leaders** | **Adult Occasional Helpers** |
|  | |  |  | |  | | |  |  |
| **Supervision Ratios** | *1:6* | *1:8* | | *1:12* | | | *1:12* |  | | |
| **Leader In Charge**  *(\* or Passport Holder’s Details)* |  | | | | | | | | | |
| **First Aid Certificate Holder** *(in attendance)* |  | | | | **Telephone or Email** | | |  | | |
| **Name of ALL other Adults attending**  *(All adults to hold a valid DBS)* |  | | | | | | | | | |

In Touch Details

|  |  |
| --- | --- |
| **In Touch Arrangements**  *(Summarise your arrangements for this Event)* |  |

Adventurous Activity Permits or Specialist Instructors

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Name**  *(continue on separate sheet if required)* |  | | |
| **Authorised Leader** |  | | |
| **Authorised Leader’s email** |  | **Authorised Leader’s Telephone** |  |

Home DC Details

|  |  |  |
| --- | --- | --- |
| **Home DC Name** |  | Telephone & Email |

In submitting this form I confirm I have:

* Conducted a Risk Assessment for this Event and attached it to the email.
* Read the Rules of The Scout Association relating to the proposed activity and confirm that, where required, an appropriately Authorised person is attending. (see Fact Sheet FS120084)
* Made the GSL and the DC aware of the event or DESC if an Explorer only event.

**Please now email to GSL and activityform@tamesidesouthscouts.org.uk.**