

## Suffolk County Scout Council

Registered Charity number 305682

County Mountain Activities Team  
Event Administrator – Roger S Dann  
55 Birch Drive, Brantham, Suffolk, CO11 1TG  
Tel: +44 (0) 1206 395285  
Mobile: +44 (0) 7778 463172  
e-mail: : [catt-explorers@outlook.com](mailto:catt-explorers@outlook.com)



- *What* – Mountain Awareness Course
- *Who* - those who have experience in hill walking and wish to extend their experience to gain a Scouting Permit to lead groups into the hills. Explorer Scouts with the same experience who aspire to gaining a Scout Permit are welcome to apply
- *Where* – Boxford Spinney Scout & Guide Campsite, Fenn St, Boxford CO10 5HL
- *When* – Sunday November 18<sup>th</sup> 2018 @ 0900hrs
- *What next* – complete the application form over and send to Roger asap
- *Cost* – free! – hot & cold drinks provided - but bring a packed lunch.
- **Please note** - there is a limit of 30 places for the course
- In Touch details will be sent to all confirmed applications.
- If you require any further information please contact Roger - contact details as above.

The course has been designed to provide adults in Scouting with the enhanced skills required to further their interest and ability in hill walking within the UK and to enable those adults to work towards being assessed for a Scout Association Hill Walking Permit.

### **Subjects to be covered will include:**

The Vital Culture, an Outline of the Permit Scheme in Scouting and how it relates to external Award schemes, ie Mountain Leader and Hill & Moorland Leader Awards.  
Map and Compass work - types of maps, map marginal information, terms used, grid references, scales, contours, relief, magnetic variation.  
Route Planning and Navigation – route finding skills in poor visibility, micro navigation, monitoring progress  
Leadership and Party Management including compliance with Scout Association Rules, formal notifications and Logbooks  
Clothing and equipment, group equipment, Camp craft and food hygiene  
Weather forecasts, Safety, hazards, security on steep ground, risk management and water safety  
Emergency Aid and Incident Management, Access and local Codes of Practice

Some elements of the course will involve working outdoors so please see note overleaf

# Suffolk Scouts County Mountain Activities Team

Mountain Awareness Course – Sunday November 18<sup>th</sup> 2018

It may be useful to bring a rucksack with contents for a day in the hills, this will ensure all participants are suitably equipped for the great British weather we can expect at any time of year in the UK including sunblock!

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.

## DATA PROTECTION ACT 1984

To comply with section 33, sub-section 3 the County Mountain Activities Team Secretary requires your agreement to holding your personal data on a computerised data base for the purpose of distributing, or recording the distribution of, articles or information to the data subjects and consisting only of your name, address or other particulars necessary for the effecting the distribution. If you do not agree please put X in the box at the bottom right hand corner of the page. Your details will not be released to any third party.

-----  
**Please complete and return this section to: Roger**

**by: as soon as possible**

**Name:**

**D.o.B:**

**Event: County Mountain Activities Team - Mountain Awareness Course 2018**

**Group / Unit/District:**

**Role:**

**Emergency contact:**

**Phone:**

**Doctor's name and contact details:**

**Details of any medications currently being taken:**

**Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:**

**Details of any infectious diseases he/she has been in contact with in the last three weeks:**

*If it becomes necessary for me to receive medical treatment and my emergency contact cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.*

**Signed:**

**Date:**

**Relationship to applicant:**