**Suffolk County Scout Council**

Registered Charity number 305682

County Mountain Activities Team

Event Administrator – Keith Gadsden

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Event Leaders:

**Hill Walking Weekend in Brecon Beacons National Park**

**based at Plas Dolygaer, Pontsticill, Merthyr Tydfil, CF48 2UR**

**Friday February 8th (arrival in evening) to Sunday February 10th 2019**

* For those who have experience in summer hill walking and wish to extend their experience into winter walking. Please ensure your outdoor gear is suitable for this time of year – see over

* For Leaders, approved Adults, Scout Network and Explorer Scouts with relevant hill walking experience. *Leaders with current Permits please indicate your intention to participate in this event asap (if necessary before Unit numbers finalised) so that initial planning of walking groups can take place.*
* Cost £35.00 per person

* Covers the cost of Centre accommodation for two nights, breakfast and packed lunches on Saturday and Sunday and evening meal on Saturday and refreshments generally.
* Transport – Units and Groups to make their own arrangements. Some transport may be available.
* There is a limit of 36 places for indoor accommodation – camping is not available.
* 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.
* In Touch details will be sent to all confirmed applications for inclusion upon Leader’s Form NAN.
* Fill in the application below and post to Keith Gadsden as detailed above ***as soon as possible*** and by no later than January 21st 2019. There will be no refunds after that date for cancellations unless the Team can allocate places to another candidate and once you have a space booked you can secure the booking by bank transfer payment. The bank transfer details we be supplied after you have submitted an application form.
* If you require any further information please contact Keith Gadsden- contact details as above.

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Kit List: (Please have Group or Unit Scarf available)

Rucsac/bag (including a daysac).

Sleeping bag. Mattresses are provided.

Waterproof outer garments and hiking boots,

Warm sweater, T-shirts or similar, shorts/trousers, spare clothing, underclothes and socks.

Indoor shoes/trainers – please note outdoor shoes/boots not allowed in common areas & dormitories . Washing kit, towel, swimming trunks/costume and hankies

Personal first aid kit, torch/batteries and whistle.

Mug and tea towel (*PLEASE*). Other crockery & utensils provided at the Centre.

Sandwich box and unbreakable drinks bottle/container.

Pencil and small note-book or pad. Map case and compass.

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.

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.

Leaders should also have their own 1:25000 OS Explorer Map - OL12 Brecon Beacons (Western Area). (Map ref SO 058144)

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Access to the Centre is not available until 1700hrs and until a delegated Team member has after taking responsibility for the accommodation. The Team has the use of the Centre until 1300hrs on the Sunday.

**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 date 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.

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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.

It is with regret the Team have decided that due to the high number of incomplete forms being received and the time consumed in retrieving this information that in future bookings will only be accepted upon receipt of application forms containing all the information required for the welfare of all participants.

Please reserve one place for on the Dolygaer February 2019 event – Bank Transfer for £35.00……

Name: Group/Unit:

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) 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.

Please state (briefly) hill walking experience ie area, frequency and whether your wish to lead or assist in leading a walking group: