

Event Leader: Neil Bolger
Event Administrator: Roger Dann

**Hillwalking Permit Training and Assessment weekend in Snowdonia
Sat March 21st to Sun March 22nd 2020 (arriving Fri night 20th)
at Canolfan Awyr Agored Rhyd Ddu Outdoor Centre, Caernarfon LL54 6TL,**

- For Network and Leaders, Assistant Leaders and Section/Unit Assistants. Explorer Scouts may be invited to attend upon demonstrating expertise on other CMAT events.
- We will offer hillwalking and training or assessment for a hillwalking permit. The weather is often severe at this time of year and attendees should come suitably prepared. An optional overnight wild camp will be offered to those with appropriate experience and equipment. Note this is an essential aspect of the Terrain 2 permit assessment, but is not required for Terrain 1 or personal permit assessment. Please see Guidance for Hill Walking Permits attached.
- So that candidates can be placed into the most appropriate groups for either training or assessment a logbook should be provided showing relevant experience over the last three years This will need to be sent to the Administrator ahead of the event so the Team can arrange the groups prior to the event. Please state whether you wish to walk in a training or assessment group.

Cost - £20 per person. Covers the cost of accommodation for up to two nights, breakfast Saturday, packed lunch for Saturday and a hot meal on Sunday. Attendees should bring their own food if wild camping on Saturday night and Sunday morning. An evening meal and breakfast will be provided to those staying at Centre over Saturday night.

- There is a limit of 30 places.
- Transport – please contact the event administrator if you require assistance.
- Kit – See list overleaf.
- **InTouch information** – 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. Home Contact details will be advised to participants after their booking form has been received.
- **What next!** Fill in the application and send with a cheque payable to SUFFOLK COUNTY CLIMBING TEAM to Roger Dann, 55 Birch Drive, Brantham, Suffolk, CO11 1TG **as soon as possible** and by no later than March 12th 2020. Alternatively, send form and Logbook and pay by BACS to: SUFFOLK COUNTY CLIMBING TEAM (Sort code: 20-22-67, Account number: 80095664). Please could you add the reference code 'March' followed by the first six letters of your surname.
- There will be no refunds for cancellations after the 12th March unless the Team can allocate places to another participant.

Enquiries to Roger Dann: roger.dann@suffolkscouts.org.uk - 07778 463172 / 01206 395285

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Kit List:

Rucksac (daysac if staying at the Centre on Saturday night), sleeping bag, nightwear, waterproof outer garments, warm sweater, T-shirt or similar, walking trousers (NOT jeans), underclothes, socks, hiking boots, indoor shoes/trainers, washing kit, towel, swimming trunks/costume, hankies, personal first aid kit, torch/batteries and whistle, plate, bowl, cutlery, mug, tea towel. Map case and 'silva' type compass. Pencil and small note-book or pad.

Additionally, those wild camping on Saturday night will need to bring food for Saturday night and Sunday breakfast, tent suitable for withstanding strong winds/rain/snow, sleeping mat, pan and stove.

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 mountain environment.

Attendees should bring OS Maps OL17 Snowdon for possible route planning and navigation if they have them. Laminated printed maps will be available.

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.

DATA PROTECTION

This form is used to collect information about you/your young person for the purposes of this event. This information will be used by the Event Team Leaders only. As part of this form we collect personal data about you and/or 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 you and/or 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, we do this for event registration or should an incident occur. These third parties are used on the basis that they align with Scouting 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 two months after the event for any queries that arise before being securely destroyed. For further detail please visit our Data Protection Policy at: <https://scouts.org.uk/home/>.

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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.

It is with regret that 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 March training/assessment **2020 event**: cheque for £

Name:.....Group/Unit:.....

Please indicate: Male / Female

Leader / assistant / network / Explorer

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) 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.**

I will inform you if she/he/I has/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 of 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.