



Nights Away Information Form



Suffolk County Explorer Scouts			
Event:	County DofE Silver Practice/Qualifier Expedition	Dates:	5-8 April 2013
Location:	<p><u>Friday 5 April 2013</u> Glenbrook, OS Explorer Sheet OL1 GR192829</p> <p><u>Saturday 6 April 2013</u> Highfield Farm, OS Explorer Sheet OL24 GR194700</p> <p><u>Sunday 7 April 2013</u> Beechcroft, Blackwell, OS Explorer Sheet OL24 GR124723</p>		
Meeting place and time:	5 April 2013 - to be confirmed – approx. 7:30am to 8am between Ipswich, Hadleigh and Bury. St, Edmunds. Please ensure you provide an e-mail address or contact number on the consent form so we can advise this.		
Collection place and time:	8 April 2013 - Approx. 9pm in reverse of the above, 1 hour notice approx to be given.		
Cost:	£100.00 Cheques made payable to “Suffolk Scouts D of E Account”		
Transport details:	Please make own arrangements to pick up point.		
Activities:	Duke of Edinburgh Expedition		
Further details:	<p>Explorers will need to bring enough expedition food and personal kit to be self-sufficient for their expedition. The expedition will take place in the area of the map OS Explorer OL1 and OL24. Group kit can be hired from County if required (please fill in equipment order section below).</p> <p>Other equipment can be hired from the Suffolk County Camp store, please note they are only open for collections etc. on Tuesday and Thursday evenings and full details are as per the below link:-</p> <p>http://www.suffolkdofe.co.uk/assets/Expedition-resources-and-downloads/County-Camp-Store-Brochure-2012.pdf</p>		
Route Planning	<p>Start: Glenbrook OL1 GR192829</p> <p>Night 1: Highfield Farm OL24 GR194700</p> <p>Night 2: Beechcroft Farm (shown as Cottage Farm on map) OL24 GR124723</p> <p>Finish: Bakewell – OL24 GR220684 (at FB by weir)</p>		
Organiser and contact details:	<p>Bob Hannan (County Explorer Scout Leader) Tel: 07966 208890</p> <p>Cath Nice (County Explorer Scout Leader) Tel 07791 555523</p>		
Home Contact and contact details:	Leigh Foster (ACC Explorer Scouts) Tel: 07795 632982		

Please keep this section for your own information, and detach and return the second page.

Note: All activities will be run in accordance with The Scout Association's safety Rules. No responsibility for the personal equipment/clothing and effects can be accepted by the organisers and The Scout Association does not provide automatic insurance cover in respect to such items.



Nights Away Information Form



Please complete and return this section to Cath Nice, 32 Cuckfield Avenue, Ipswich, Suffolk, IP3 8SA
ASAP - no later than Saturday 9 March 2013

Event: County Silver DofE Expedition 5-8 April 2013				
Name of Explorer:			D.o.B:	
Contact email and/or phone number:				
Explorer Unit:				
Explorer Leader name:				
Explorer Leader contact email/number:				
Parent/Guardian contact name & number during expedition (must be available to contact for expedition duration)				
Equipment required from County DofE Team; Please tick if you would like us to provide the following equipment for you:	Tent	[]	Compass	[]
	Trangia (stove)	[]	Fuel bottle	[]
	Map; OS Explorer OL24	[]	Map case	[]
	Map; OS Explorer OL1	[]	Whistle	[]

I give permission for any of the attending leaders to transport my son/daughter in their own vehicle as part of their expedition **YES / NO**

Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing? **YES / NO**

If the Training on 9/10 Feb or 9 Mar 2013 was not attended has the training been signed off and uploaded to E-DofE **YES / NO**

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 the above named young person to receive medical treatment and I 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.

*I enclose a cheque for £100 (please make cheques payable to "Suffolk Scouts D of E Account")
I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.*

Signed: **Date:**

Relationship to young person:

Please attach an additional sheet to this form if more space is required