



Nights Away Information Form



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|--|---|---------------|-----------------|
| Suffolk County Explorer Scouts | | | |
| Event: | County DofE Bronze Practice Expedition | Dates: | 7 – 9 June 2013 |
| Location: | <p><u>Friday 7 June 2013</u> 5th Woodbridge Scout HQ, 5-7 Tide Mill Way, Woodbridge, IP12 1BY OS Explorer Sheet 212, Grid Reference (GR) 276488</p> <p><u>Saturday 8 June 2013</u> Valley Farm Equestrian Centre, Wickham Market, Woodbridge, IP13 0ND OS Explorer Sheet 212, GR 293566</p> | | |
| Meeting place and time: | <p><u>Friday 7 June 2013 7:30pm</u> Deben Watersports Centre, The Quay, Woodbridge. Please park in the pay and display car park opposite Kingston Field in The Ave and take care when walking across the railway line to the hut on the left hand side.</p> <p>OS Explorer Sheet 212, GR 273485 http://www.dwsc.org.uk/contactus.htm</p> | | |
| Collection place and time: | <p><u>Sunday 9 June 2012 4pm approx.</u> Please ensure you provide a contact number in case this time changes by more than 30 minutes.</p> <p>Framlingham Castle GR 286637</p> | | |
| Cost: | £23.00 Cheques made payable to "Suffolk Scouts D of E Account" | | |
| Transport details: | Please make own arrangements. | | |
| Activities: | Duke of Edinburgh Practice 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 212. 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>Use Footpaths instead of roads wherever possible safe crossing points of A12 at</p> <ol style="list-style-type: none"> 1) GR 249478 (use Fynn Valley Walk to cross railway) then keep North of A12 2) GR 261498 3) GR 292534 Byng Hall Road 4) GR 307546 Loudham Hall Road 5) B1438 GR 298539 6) Footpath GR 309556 | | |
| Organiser and contact details: | <p>Bob Hannan (County Explorer Scout Leader) Tel: 07966 208890 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.



Nights Away Information Form



Please complete and return this section to Cath Nice, 32 Cuckfield Avenue, Ipswich, Suffolk, IP3 8SA
ASAP - no later than Wednesday 1 May 2013

THIS FORM COVERS YOU FOR THE TRAINING DAY ON 9 MARCH AS WELL IF RECEIVED BY 1 MARCH 2013

| | | | |
|---|----------------------|-----|-----------------|
| Event: County Bronze Qualifying Expedition 7-9 June 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 212 | [] | Map case [] |
| | 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**

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 £23 (**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