

Nights Away Notification

PURPOSE AND USE: This form provides the information a Commissioner requires to **APPROVE** an event to take place (i.e. POR 9.1b/9.1c). The Permit holder is responsible for ensuring that the appropriate Commissioner is informed about each section attending a nights away event (even a District or County event). For all Nights Away events the information below should be with your Commissioner (or appointee) **7** days before the event (in normal circumstances). How the information is passed on will depend on local arrangements (this may be for example by telephone call, e-mail or online form). Please ensure that your GSL /DESC is also aware of the event.

DATA PROTECTION: This form is used to collect information about you and your team for the purpose of approving this nights away activity, this is to be used by your Commissioner. As part of this form we collect personal data about you and your team, this detail is required so that we can check that everyone meets the membership and vetting requirements for the event and that appropriate permit holders are in place. We do not share your personal data provided in this form with any third parties. We take your personal data privacy seriously. The data you provide to us is securely stored (based on local arrangements) and we will keep the data we capture from this form for 2 months after the event for any queries that arise then it will be securely destroyed. For further detail on our retention periods please visit our Data Protection Policy [here](#).

Event Information

Type of Event (e.g. sleepover, hike, Pack Holiday, etc.)											
Group and District				Section							
Approximate Nos. Attending		BS		CS		S		ES		Adults	
Is this event being run using Event Passports?						Yes <input type="checkbox"/> No <input type="checkbox"/>					
Event Dates		From		To		Number of Nights					
Venue Name				Telephone							
Venue Address											

Please check the Prohibited and Restricted Areas Camping Directory on scouts.org.uk to ensure your site does not fall within a restricted area.

Event Leadership Information

Event Leader (if not Permit holder)				Telephone							
Membership no.				Email							
Permit Holder's Name				Telephone							
Membership no.				Email							

Names of adults attending (with membership no.)											
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Activities (please list those requiring permits or qualifications, providing details of the activity leader or provider)	
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Planning and Approvals

As part of the planning and preparation for the nights away activity the following documentation should be in place: programmes, attendance information, medical and emergency contact information for attendees, InTouch system, menus and written risk assessments.

You are required to provide a written risk assessment along with this form to your Commissioner or their delegate, Other documentation (listed above) does not need to be provided with this form but must be available upon request.

InTouch Details (please provide details of your InTouch system and the main contacts in the event of an emergency)	
Risk Assessment	I confirm the written risk assessment for this nights away activity has been shared with the responsible Commissioner or their delegate <input type="checkbox"/> I confirm that the risk assessment will be communicated to adults and young people involved in the event, in an appropriate manner, in order for them to understand the risks and how these will be managed <input type="checkbox"/>
GSL / DESC	I confirm that the Group Scout Leader / District Explorer Scout Commissioner is aware of this event taking place <input type="checkbox"/>