




Explorer & Network Expedition Training & Assessment Programme 2017



Please fill in one application form per participant:

Items marked * are mandatory – Please READ and COMPLETE all the sections on both pages of the form before sending. Please return the completed application form and deposit as soon as possible and at the latest by **19th December 2016**. Incomplete forms will be returned with no place reserved on the programme.

Personal Details:		
*Name:		*Detail any special dietary requirements?
*Date of Birth:		
*Address:		*Parent/Guardian Name, Telephone Numbers/email:
		*Name:
*Postcode:		*Home:
		*Mobile:
*Tel:		*Email:
*Participant Email:		Emergency contact if not Parent/Guardian
		Name:
		Contact Tel:
		Contact e-mail:
Explorer Leader and Unit details:		
*Unit Name:		*Unit Leader Name:
Scout District:		*email:
		*Unit Leader Tel No:
Medical Details		*NHS #:
Immunised against Tetanus	Yes / No	*Detail of any medical requirements or allergies? (use additional paper if necessary)
Sensitive to Penicillin	Yes / No	
Sensitive to Aspirin	Yes / No	
Sensitive to Paracetamol	Yes / No	
		Doctor's Name:
		Address:
		Telephone:
If you are entering the programme for a DofE Expedition		
	*eDofE Registration Number:	
	*Current DofE Registered Level:

2017 Dates:

- Training weekend: 4/5th Feb – Walter Davies Activity Centre, Stoke Poges
- First Aid training 11th March
- Practice weekend: 31 Mar/3 April – N Downs (B) or Brecon Beacons (S&G)
- Assessed Expeditions: 6/10th July – Chilterns(B) N Wales (S&G)
- Route planning evenings will be scheduled for the evenings of: 9th, 20th Feb, 7th, 22nd Mar, 18th April & 8th May
- **Parents Meeting:** 9th Feb from 7:00pm.
- **Gold & Silver Participants:** If you are at school you will need to obtain permission to be absent from school for 6th, 7th & 10th July.

Please complete the information on the next page...



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The Small Print – You Need to Read it

Participants will be expected to attend the training weekends, the route planning & first aid sessions plus a report back evening with their teams on the dates shown. If you are not able to do this, then the programme may not be ideal for you. Route planning will also entail participants working at home or at their unit meetings with their teams throughout the route planning process. Low participation may put your success and that of your team at risk. If you do not feel able to make the time commitment, the programme may not be ideal for you. Parents, we will talk about the programme and the kit requirements at the Parents meeting on 9th Feb 2017 – please try to attend the meeting.

The programme involves significant individual effort and commitment on the part of the participants to achieve a successful expedition. You will need to work closely and effectively with your team. While the Programme Leader team endeavour to help all participants succeed, we cannot guarantee that every participant will achieve a successful assessed expedition. Participants who do not reach the level expected for assessment may be deferred from the programme either before or during their assessment, in such an event, there will not be any refunds available. Scouts working for DofE Awards must be registered for DofE.

Please contact the Expedition Training Course Leader: Ben Pearson at b.pearson@brigantiaesu.org.uk if you have any questions regarding your ability to attend at any stage of the programme

I wish to take part in the Scout Expedition Course & Assessment Weekends for the following award level: (*Please tick one of the following)

<input type="checkbox"/>	Scout Platinum Award / Bronze DofE: £105 – I confirm that I will be at least 14 by 31 March 2017
<input type="checkbox"/>	Scout Diamond Award / Silver DofE: £145 – I confirm that I will be at least 15 by 31 March 2017
<input type="checkbox"/>	Queens Scout Award/Gold DofE: £175 – I confirm that I will be at least 16 by 31 March 2017

Explorer Scout Participants

Please complete the registration form with all of the signatures requested below and hand to your Explorer Unit Leader with a cheque deposit of £75 payable to "GLMW Scouts". **The Unit Leader is asked to forward it to the Expedition Programme Registrar at the address below.** The remaining balance for your continued participation will be due for payment by 31st March 2017.

Parent/Guardian Authorisation

Emergency Permission:

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, by signing below I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the medical authorities.

Acknowledgement of Risk

I am aware that the activity of hill walking may include walking in mountainous and rocky terrain which contains hazards which may present the above named young person with the risk of serious personal injury. By signing below I hereby give my consent for the young person to participate in this activity.

Parent/Guardian (sign): Date:

Participant (sign): Date:

Unit Leader Contact:

I accept that I will be the Unit contact for this participant and will help the programme team to ensure the participant is aware of and working towards each element of the programme.

Unit Leader (sign): Date:

Network and over 18 Participants

Please complete the registration form by signing below and forward it with a cheque for the deposit of £75.00 payable to "GLMW Scouts" to the Expedition Programme Registrar at the address below. The remaining balance will be due for payment by 31st March 2017.

Emergency Permission:

If it becomes necessary for me to receive medical treatment and I authorise this for myself, by signing below I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the medical authorities.

Acknowledgement of Risk

I am aware that the activity of hill walking may include walking in mountainous and rocky terrain which contains hazards which may present me with the risk of serious personal injury. By signing below I hereby accept my responsibility for taking this risk.

Network Participant (sign): Date:



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It will help the Programme Leaders to understand your expedition experience if you can give us some information about hikes and expeditions you have done before.

Please detail any significant hikes, expeditions or expedition awards you have undertaken:

Date	Location, area and type of terrain	Distance

You can also use this page to supply any Additional Medical or Dietary Information