



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 **15th November 2019**. 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:
*Postcode:	*Name:
*Tel:	*Home:
	*Mobile:
	*Email:
*Participant Email:	Additional 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	
Immunised against Tetanus	Yes / No
Sensitive to Penicillin	Yes / No
Sensitive to Aspirin	Yes / No
Sensitive to Paracetamol	Yes / No
	*NHS #:
	*Detail of any medical requirements or allergies? (use additional paper if necessary)
	Doctor's Name:
	Address:
	Telephone:
If you are entering the programme for a DofE Expedition	
	*eDofE Registration Number:
	*Current DofE Registered Level:

Dates:

- Training 1: 30 Nov/1 Dec 2019
- Training 2: 1 Feb 2020
- First Aid training Saturday 7th March (S&G)
- Training 3: 2nd May 2020
- Practice weekend: 3/6th April 2020 – N Downs (B) or Brecon Beacons/Peak District (S&G)
- Assessed Expeditions: 9/13th July 2020 – Chilterns(B) or N Wales (S&G)
- **Parents Meeting:** end of day 1st Dec 2019.
- **Gold & Silver Participants:** If you are at school you will need to obtain permission to be absent from school for 9th, 10th & 13th July 2020

Please complete the information on the next page...

We collect and store the data presented on this form in line with our GLMW Scouts Privacy Policy which you can read by visiting <https://www.glmwscouts.org.uk/about-us/privacy-policy/>

Explorer & Network Expedition Training & Assessment Programme 2020



The Small Print – You Need to Read it

Participants will be expected to attend the training weekends & 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 1st Dec 2019** – 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 ben.pearson@glmwscouts.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: £125
<input type="checkbox"/>	Scout Diamond Award / Silver DofE: £165
<input type="checkbox"/>	Queens Scout Award/Gold DofE: £200

Explorer & Scout Participants

Please complete the registration form with all of the signatures requested below and hand to your Explorer Unit or Scout Troop Leader with a cheque deposit of £90 payable to "GLMW Scouts". **The Unit/Troop Leader is asked to forward it to the Expedition Programme Registrar at the address below by 15th November 2019.** The remaining balance for your continued participation will be due for payment by 31st March 2020.

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/Troop Leader Contact:

I accept that I will be the Unit/Troop 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 other Participants over 18

Please complete the registration form by signing below and forward it by 15th November 2019 with a cheque for the deposit of £90.00 payable to "GLMW Scouts" to the Expedition Programme Registrar at the address below. The remaining balance will be due for payment by 31st March 2020.

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:

Explorer & Network Expedition Training & Assessment Programme 2020



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