

Nights Away Permit Application Form



Please complete this form, adding any additional information on a separate sheet of paper.

PERSONAL DETAILS

First name(s)		Surname		
Title		Date of birth		
		Maiden name (if applicable)		
Address				
		Postcode		
Contacts	Day		Evening	
	Mobile		Fax	
Email				

SCOUTING DETAILS

Current Scouting appointment (if applicable)			
Group			
District		County/Area	
Previous Scouting experience (if appropriate)			

EMERGENCY AID TRAINING

Please indicate if you have a current First Response Certificate or hold a First Aid Certificate.

Course/Certificate		Current until	
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NIGHTS AWAY PERMIT

Please indicate the category of Permit you are applying.

Indoor	<input type="checkbox"/>	
Campsite	<input type="checkbox"/>	
Green Field	<input type="checkbox"/>	

How many years relevant experience have you in this category?

Please list any relevant training Courses attended and/or nights away events you have participated in, stating your role on each occasion and giving appropriate supporting details. (Expand if necessary on another sheet.)

Date		Event		Role	
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Details:

Date		Event		Role	
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Details:

Date		Event		Role	
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Details:

Date		Event		Role	
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Details:

DECLARATION

I have read and understand Policy, Organisation and Rules relating to the Nights Away Permit Scheme and I am familiar with the Scout Association's *Nights Away* publication.

Applicant's signature		Date	
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