

Nights Away Notification

PURPOSE AND USE: This form provides the information a Commissioner (or their nominee) requires to **APPROVE** an event to take place (i.e. POR 9.1b/9.1c). The Permit holder is responsible for ensuring 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 their nominee) at least **7** days before the event (in normal circumstances). How the information is passed on will depend on local arrangements, but must be documented. Please ensure your Group Scout Leader / District Explorer Scout Commissioner is aware of the event.

The event must not go ahead until the Commissioner (or their nominee) has confirmed their approval.

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](#).

Event Information

Type of Event (e.g. sleepover, hike, Pack Holiday, etc.)													
Group and District				Section									
Approximate Numbers Attending		SS		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 [Prohibited and Restricted Areas Camping Directory on scouts.org.uk](#) to ensure your site is not in a restricted area.

Event Leadership Information

Event Leader's Name (if not Permit Holder)				Telephone			
Membership number				Email			
Permit Holder's Name				Telephone			
Permit Holder's Membership number				Email			
Names of all adult members attending (with membership numbers) as well as all other adults e.g. parents, guardians etc.							

Nights Away Notification

Activities: please list activities requiring permits or qualifications (including any planned contingency activities) providing details of the activity leader or provider i.e. names of individuals or businesses / organisations providing the activities

Planning and Preparation

As part of the planning and preparation for the Nights Away event 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 must provide a written risk assessment along with this form to your Commissioner (or their nominee). Other documentation (listed above) does not need to be provided with this form but must be available on 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 event has been shared with the responsible Commissioner (or their nominee).	<input type="checkbox"/>
	I confirm that the risks and control measures will be communicated to all adults and young people involved in the event, in an appropriate manner.	<input type="checkbox"/>
Contingency Plans	I confirm that if the planned activities cannot take place during this Nights Away event, the leadership team have considered alternatives and they will be carried out as per the local approval process.	<input type="checkbox"/>
Group Scout Leader / District Explorer Scout Commissioner	I confirm that the Group Scout Leader / District Explorer Scout Commissioner is aware of this event taking place.	<input type="checkbox"/>

Approval

All Nights Away events require approval by the relevant Commissioner (or their nominee). This section documents the approval and must be completed by the Commissioner (or their nominee).

By approving this Nights Away event, I confirm that the information provided has been checked to meet the requirements set out in POR for Nights Away events and I am satisfied this event can take place.		<input type="checkbox"/>
Approver Name		
Approver Role	Approver Membership Number	
Date Approved		
When approved, the Event Leader or Permit Holder should be notified. Should significant changes be made to the plans for this Nights Away event, the Approver will be notified by the Event Leader or Permit Holder.		

Abbreviations

SS = Squirrel Scouts, BS = Beaver Scouts, CS = Cub Scouts, S = Scouts, ES = Explorer Scouts