



Going Away With Assessment Application Form

Qualification, Endorsement and Extra Modules *

Please submit this form to the appropriate County Adviser via your District Commissioner and Division Adviser, as soon as possible, preferably 6 weeks prior to the event.

Please **complete both pages** of this form

Date of Proposed Event: _____

Qualifications/Modules to be Assessed: _____

Name: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Leadership Qualification (delete as appropriate) YES/NO

Current Appointment: _____

GGUK Registration No.: _____

Unit: _____

Division: _____ District: _____

Mentor Name: _____

Qualifications held or Modules already gained: _____

Camp/Holiday Trainings attended with dates: _____

Experience – previous camps/holidays with dates and name of Leader in Charge:

* (Going Away With Scheme/Holiday/Camp/Catering Scheme/Health & First Aid Scheme)

Holiday/Camp Details

Full address of site: _____

_____ Post Code: _____

Telephone number of site: _____

Location of site OS sheet: _____ Grid reference: _____

To help the assessor, if there are any days or half days you plan to be away from the site please give dates & times: _____

Name of Leadership Team (including GGUK Registration No.):

Please Indicate: *LQ = Leadership Qualification*

UH = Unit Helper

P = Parent

Leader in Charge: _____

Caterer: _____

First Aider: _____

Other Adults & Role: _____

Young Leaders: _____

Number of:

Rainbows: _____ Brownies: _____ Guides: _____ The Senior Section: _____

Other Children (age & gender): _____

District Commissioner's signature _____ Date: _____

Division Outdoor Activities Adviser's signature _____ Date: _____

YOUR COMPLETED ASSESSMENT FORM SHOULD BE FORWARDED TO THE APPROPRIATE
COUNTY OUTDOOR ACTIVITY ADVISER FOR YOUR SECTION.