



The Senior Section Permit Assessment Application Form

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.

Date of Proposed Assessment: _____

Qualification to be Assessed: _____

Name: _____

GGUK Registration No.: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Unit: _____

Division: _____ District: _____

Mentor Name: _____

Experience - previous camp dates: _____

Details of Camp/Holiday/Expedition:

Full address of site: _____

Location of site OS sheet: _____ Grid reference: _____

Days/half days out and about (give dates & times) _____

Names of Team (including GGUK Registration No):
(Minimum 4, maximum 8 including yourself)

Senior Section Leader's signature _____ Date: _____

District Commissioner's signature _____ Date: _____

Division Outdoor Activities (Guides) Adviser's signature _____

Date: _____