Going Away With Assessment Request 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 approp	
Current Appointment:	
GG Membership Number:	
Unit:	
	_ District:
Mentor Name:	
Qualifications held or Modules already gain	ned:
Camp/Holiday Trainings attended with date	es:
Experience – previous camps/holidays with	h 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 GG Please Indicate: LQ = Leadership Qualification Leader in Charge:	on U	H = Unit Helper		
Leader in Charge: Catering Officer (CO):				
First Aider:				
Other Adults & Role:				
Young Leaders:				
Number of:				
Rainbows: Brownies:	Guides:	The Senior Sec	tion:	
Other Children (age & gender):		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
District Commissioner's signature		Date:		
Division Outdoor Activities Adviser's signa	ature	Date:		

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

