

# The Senior Section Permit Assessment Request 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: \_\_\_\_\_

GG Membership Number: \_\_\_\_\_

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 GG Membership Number):

(Minimum 4, maximum 8 including yourself)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Senior Section Leader's signature \_\_\_\_\_ Date: \_\_\_\_\_

District Commissioner's signature \_\_\_\_\_ Date: \_\_\_\_\_

Division Outdoor Activities (Guides) Adviser's signature \_\_\_\_\_

Date: \_\_\_\_\_

