South African Scout Association Gauteng Provincial Office Bramley affice: PO Box 900, Northlands, 2116 Tel: 011 440 6490 Fax: 011 440 6486 gautenguisa org. za

www.scouting.org.za

Tshwane office: PO Box 35354, Menlo Park, 0102 Tel: 012 346-8720 Fax: 012 346 8754 tshwane@scouting.org.za www.scouting.org.za



GAUTENG

Member of the World Organisation of the Scout Movement

CUB PERMIT APPLICAT Tick the appropriate box GROUP	ION: EXPEDIT		GION G		
APPLICANT'S DETAILS					
Name of Scouter in Charge:					
Tel: (H/W)	Mobile:		Email:		
Warranted Rank	Warrant Number:				
Camp License Number:		Camp	Pack Holiday		
GROUP DETAILS					
Full name of Group:		Name of Pack:			
District:		Region:			
Number of Cubs:	Number of Scoute	rs:	Total:		
Event attended by: Boys Only Girls Only Mixed					
Activity:					
Details of Venue (Address in full:)					
Owners Name:		Telephone No:			
In the Scout District of:		in	Region		
Nearest Medical Assistance:					
Doctor's Number:		Doctor's Name:			
Water Activities Cub: Yes No	Charge Holder:		Charge Number:		
Water Council Signature of approval:					

THIS PERMIT MUST BE RETAINED BY THE LEADER, AFTER BEING APPROVED; TO BE SHOWN, UPON REQUEST, IF NEEDED.

Approved Gauteng Region permit – Version 2016.5.6

						1	
DECLARATION BY APPLICANT							
I have read and will apply OR and Safe Scouting Policy applicable to Cub Camps and Pack Holidays							
Name:			Rank:				
Signature:			Date:				
APPROVAL							
Being satisfied that the above person is fully conversant with OR and Safe Scouting Policy and Camping Standards, I have given approval for this activity.							
Scout Group Leader N	lame:		Date	e:			
Signed: District Comm	nissioner:		Date	e:			
Signed: RTC Co-Ordin	ators:		Date	e:			
Host DC Notified by	Email /sm	ns/ phone call 🔲 No 🔲	Yes Date	e:			
When submitting բ	ermits to	o Regional, email Cub P	Permits to: cu	bpermits@sc	outs.co.za		
NOTES (relative to the issuing of camping permits)							
 Where Air visits are planned the correct "AIR ACTIVITIES CONSENT FORM" must be completed. All Water Activities require the person in charge to hold the relevant Charge Certificate. For all events held outside your District but within the Gauteng Region, This application must be given to you SGL and DC 7 days before the intended date of departure in order to obtain approval of the Host DC and then a copy is to be forwarded to the Regional Team Co-Ordinator Cub Programme. For events outside the Gauteng Region: This application must be given to SGL, and DC, for submission to RTC Cubs Programme, 14 days before the intended date of departure. The Scouter in charge of a camp or hike must be a warranted Pack Scouter in the Movement, with the relevant Cub Camping License The Scout Group Leader must be kept informed of all Pack activities. 							
		MPING AND PACK H					
2. Permission to use 3. Has the Regional 4. Is there a perman 5. Has a skeleton pro 6. Do you have pare 7. Is there a qualified 8. Is there an adult (9. Are the Cubs over 10. Are there separa 11. Suitable transpo	e site has be Team Cook lent shelte ogramme Intal conse defirst aide excluding or 8 years of ate tents of that to be are a connection	been submitted to your Doent and health forms from er on camp at all times? the first aider) per every sof age? Yes No or sleeping arrangements for ranged. Cubs are not to troon available at the site?	rs. Yes Ne he camp site? C & RTC Cubs? every participa Yes No Six Cubs? Yes or girls and boy ravel in open true	No Yes No Ant? Yes No Ps? Yes Tes	es No	S No	
Signed:				Dat			

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REPORT					
I. am satisfied with	h the manner in which the activity covered by this permit was				
conducted, and the state in which the grounds have been le					
conducted, and the state in which the grounds have been to					
(Heat) District Commissioner/Ourser/Asset. 6:	B.1.				
(Host) District Commissioner/Owner/Agent: Signature	Date:				
Telephone Number:					
Comments:					
Comments.					