



THE WOOLLY JUMPER



31st March - 2nd April 2017

LEADER HEALTH INFORMATION FORM

CONFIDENTIAL

Surname _____ First Name _____

Date of Birth _____

Scout/Guide Membership No _____ PVG No _____

Home Address including Postcode _____

Telephone Number _____

Email Address _____

(Please tick here if you do not wish your email address to be used for future Woolly Jumper Events)

Name of Unit _____

All adult applications must be supported by your District Commissioner (DC) Signature. As DC you are verifying that this adult holds a Full Adult Appointment and PVG as above.

DC Name _____ Signature _____

HEALTH DETAILS (Please continue on a separate sheet if necessary)

Emergency Contact Name _____

Emergency Contact Address including Postcode _____

Emergency Contact Telephone No _____

GP Surgery _____

GP Address _____

Medical Conditions _____

Allergies _____

Special Dietary Needs _____

Web: WWW.THEWOOLLYJUMPER.ORG.UK

Email: INFO@THEWOOLLYJUMPER.ORG.UK



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Please complete the following stating if you have any qualifications, preference (rating 1 to 10, where 1 is highest) or preclusions for the listed activities.

<u>Activity</u>	<u>Qualification (please provide copy certs)</u>	<u>Preference (1 to 10)</u>	<u>Preclusion</u>
Musterboard			
Watersports			
Ropework			
Golf			
Archery			
Climbing/Abseiling			
Walking/Hillwalking			
Shooting			
Other			

Please provide further details if required:

Full Name of Adult _____

Please note the following:

- The alcohol policy is that of the Scout Association.
- The law of the camp is the Scout Law and is kept in the spirit of the movement.
- Should you choose not to abide by the law, the Camp Chief reserves the right to request you leave the camp.
- You must hold a FULL adult appointment and current PVG on the date of camp.

Signature _____ Date _____

Position _____