



Scouts Australia NSW  
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FORM E5 (Sept 2016)

## APPLICATION FOR Permission to conduct a Joey Scout Overnight Activity

**Activity Details:** *(Please Print Clearly)*

**Name of Activity:** \_\_\_\_\_

**Formation/s:** \_\_\_\_\_

**Type of Activity:**                  Sleep Over,                  Mob Holiday,                  Mob Family Camp,                  Group Family Camp

**From** (Date & Time): \_\_\_\_\_ **To** (Date & Time): \_\_\_\_\_

**Venue** (Name & Address): \_\_\_\_\_

**REQUIREMENTS:** For reference please read "Guidelines for Joey Scout Overnight Activities"

1. **Venue - Approved Venue :** YES / NO  
 These would normally include Region and District campsites, State Activity Centres, accredited Sport & Rec sites etc. Group halls, Church halls or other similar buildings must be approved by Scouts NSW. The Region Commissioner (Joey Scouts) should be consulted where necessary.
  - a. **Onsite phone for emergencies:**  
    is there an onsite phone, if not..... is there Mobile Phone coverage? YES / NO
2. **Accommodation:** YES / NO  
 Adequate sleeping, cooking and ablution facilities.
3. **Adult Supervision:** YES / NO  
 A Parent / Guardian for each Joey Scout.

4. **First Aider:** (Must not have other duties) **Name:** \_\_\_\_\_

5. **Leader in Charge**

Group Family Camps	Mob Holidays / Sleep Overs
COAL* Leader                  YES / NO	COAL JSL Leader with overnight Stay Experience.                  YES / NO

\*COAL = Holder of a Certificate Of Adult Leadership

6. **Mob Holiday / Sleep Over Program:** (Only required for Mob Holidays/ Sleep Overs)  
 Attach the following Documents to this application;
- Dry Program,                  Wet Program                  Menu                  Risk Assessment

**LEADER IN CHARGE of Activity:** \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Leaders planning and/or assisting: \_\_\_\_\_

*Application Form to be submitted to: Group Leaders of Each Formation involved*

**GROUP LEADER ENDORSED:** \_\_\_\_\_

Group Leader/s Names: \_\_\_\_\_

Group Leader/s Signed: \_\_\_\_\_

*Once endorsed forward application to each Region Commissioner/s (Joey Scouts) covering the Mob/s  
 Copies to be sent to: District Commissioner/s and District Leader/s (Joey Scouts)*

**DISTRICT COMMISSIONER (Group Family Camps Only) APPROVAL:** \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**REGION COMMISSIONER JOEY SCOUTS (Mob Holidays & Sleep Overs) APPROVAL:** \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Notifications :                  Mob/s,                  Scoutlink Mob record,                  Assisting Leaders Scoutlink record,                  District/Region Council.

THIS REVISION: OCTOBER 2015

**GUIDELINES FOR JOEY SCOUT OVERNIGHT ACTIVITIES**

	<b>SLEEPOVERS</b>	<b>MOB HOLIDAYS</b>	<b>GROUP FAMILY CAMPS</b>	<b>OVERNIGHT STAYS WHEN TRAVELLING</b>
<b>Duration</b>	Evening until next morning <18 hours	Maximum 2 days	Overnight	Where there is authentic need
<b>Venue*</b>	Approved Scout Hall or other approved venue	Approved venue	Approved venue	Approved venue
<b>Accommodation</b>	Must have adequate sleeping, cooking, ablution facilities.	Must have adequate sleeping, cooking, ablution facilities and fixed alternative shelter.	With family	Approved venue with adequate sleeping, cooking and ablution facilities
<b>Tents</b>	No	At discretion of each Family.	Camp with parent/family or fixed accommodation	At discretion of each Family.
<b>Adult Supervision</b>	Parent/guardian for each Joey Scout	Parent/guardian for each Joey Scout	Parent/guardian for each Joey Scout providing all care & accommodation	Parent/guardian for each Joey Scout
<b>Leader in charge</b> *A First-time Leader must be under guidance of a Leader with overnight stay experience	* COAL Leader in Joey Scout section. In charge and responsible for the program and catering. Must have E1s and M5s on site.	* COAL JSL. In charge and responsible for the program and catering. Must have E1s and M5s on site.	A COAL leader. Parent/guardian responsible for duty of care of the Joey Scouts	GL, JSL and other section leaders  Parent/guardian responsible for duty of care of the Joey Scouts
<b>Assisting Leaders</b>	COAL leaders preferably trained in Joey Scout section	COAL leaders preferably trained in Joey Scout section	COAL leader preferably trained in Joey Scout section	GL, JSL and other section leaders
<b>Camp Approval incl. Program</b>	RC JS Approval must be gained prior to notifying parents & Joeys Scouts.	RC JS Approval must be gained prior to notifying parents and Joey Scouts	Group Leader and DC or RC	RC JS
<b>Program</b>	Relevant to Joey section. Include activities not normally done at meetings. Display program at all times	Relevant to Joey section. Include activities not normally done at meetings. Display program at all times. Wet and dry weather program	Activities can be organized by JSL/Group leaders and should include activities suitable for Joey Scouts	N/A
<b>Ablutions</b>	Parent supervision	Parent supervision	Parent supervision	Parent supervision
<b>Activities</b>	Provided by Leaders	Provided by Leaders	Provided by Leaders	No structured activities
<b>Meals</b>	Provided	Provided	Family/ Group to provide	Family to provide
<b>Cooking Team</b>	Separate cooking team	Separate cooking team	At discretion of Leader in charge of camp.	Joey Scout eats with family
<b>First Aid</b>	Designated First Aider with a current First Aid Certificate and not the Leader in Charge. Current and checked first aid kit.			
<b>Medications</b>	Must be noted on E1. Medications stored safely & administered by parent/ guardian.			
<b>NOTE:</b> Leaders must remember that the parent/caregiver has the overall right to remove his/her child from anything they perceive as not being in their child's best interest. * The provisions of sleeping in Scout Halls must be observed. COAL means Certificate of Adult Leadership				