



Nene District Scout Council SWAN Sailing Expedition



6th – 14th April 2018 - 68th Year

A week of sailing adventure as a member of a 3 to 5 person crew aboard a classic yacht, exploring the rivers and broads and learning to sail. Progress year by year to become a skipper.

Come along to our 'Meet the Crews' information day on Saturday 2nd September 2017 10am - 4pm.
Yaxley Scout HQ, Great Drove, Yaxley, PE7 3TW





Nene District Scout Council

Charity Number 1027467

SWAN Norfolk Broads Sailing Expedition

6th – 14th April 2018

68th Expedition

SWAN is:

- **A whole week of sailing adventure as a member of a 3 to 5 person crew, living aboard a classic yacht, exploring the rivers and broads.**
- **Learning to sail a Norfolk Broads yacht and progress year by year to become a skipper.**

Introduction to SWAN 68 Day

Ever wondered what SWAN is? – Come along to our **“Meet the Crews”** information day. **Saturday 2nd September 2017.**

10.00 Drop off and Admin at Yaxley Scout HQ, Great Drove, Yaxley, PE7 3TW

10.30 Activities run by the Mates Team

14.30 Parents return for Q&A Session and BBQ

Uniform is not required, Scouts/Explorers should wear activity wear and a necker

Dietary requirements to be emailed before hand to mark.royle@calmaccounting.co.uk

Expedition Information

The Expedition Fee is **£230** per person (covering boat hire and mooring fees)

Plus £35 per person crew catering (Payable at the Start of th week)

Plus Transport to and from The Broads as organised by home area leaders (Peterborough & Cambridge £15).

Applications and Bookings

Applications are invited from: Scouts aged 13 and over (at 31st March 2018); Explorer Scouts and Scout Network Members.

Bookings Close – 31st October 2017

Forward £50 deposit with your application to your area coordinator

There is often high demand for a limited number of places; applicants will be notified whether or not their application has been successful by 1st December 2017.

Still undecided take a look at previous expeditions on :

<http://www.2ndnenescouts.org.uk/swan/>

Return completed form to area coordinator by 31st October 2017 with £50 deposit

(Cheques payable to “Nene District Scout Council SWAN A/C”)



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Applicants Personal Details	
Forename(s):	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>
Telephones Prior to Expedition:	<input type="text"/>
Participant's Mobile During Expedition :	<input type="text"/>
Email(s) (for communication prior to expedition):	<input type="text"/>
DBS Disclosure All those over 18 during the event must have a current (less than 5 years old) disclosure through The Scout Association.	
Number:	<input type="text"/>
Issue Date:	<input type="text"/>
Expiry Date:	<input type="text"/>

Scouting Details	
Local Co-ordinator:	<input type="text"/>
Scout Group:	<input type="text"/>
District & County:	<input type="text"/>
Adult Scout Association Membership Number:	<input type="text"/>
I am a <input type="checkbox"/> Scout, <input type="checkbox"/> Explorer Scout, <input type="checkbox"/> Scout Network Member, <input type="checkbox"/> Scout Fellowship Member	
or I am an adult holding the appointment(s) :	<input type="text"/>
Confirmed (Reporting Leader / Commissioner)	
Signed _____	
Full Name & Appointment _____	
Date _____	

Qualifications	
I can swim 50 metres in clothes and tread water for 5 minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
SWAN Certificates:	<input type="text"/>
Other Qualifications:	<input type="text"/>
I have completed <input type="text"/> SWAN Expeditions	
I hold a First Aid Qualification	<input type="checkbox"/> No <input type="checkbox"/> Yes - enter details below
Type / Level <input type="text"/>	Expiry Date <input type="text"/>
I hold a Scout Association Adventurous Activity Permit for Yachting (Lead)	<input type="checkbox"/> No <input type="checkbox"/> Yes - enter details below
Waters <input type="text"/>	Start Date <input type="text"/>
	End Date <input type="text"/>
Restrictions	<input type="text"/>

Nene District Scout Council District Scout Active Support Unit – SWAN Sailing Expedition

Correspondence: Mark Royle 41 Fairfield Road, Old Fletton, Peterborough PE2 8BD Tel No. 01733 760783, (07737 834201)

Email: mark.royle@calmaccounting.co.uk

Expedition Leader: District Scout Active Support Manager: Greg Jones, 110 Medeswell, Peterborough, PE2 5PD, (01733) 232076, 07597 685641

area@wizmail.org



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HEALTH FORM

PARTICIPANT'S NAME

EMERGENCY CONTACT DETAILS – During the Duration of the Activity.

GIVEN NAME

SURNAME

RELATIONSHIP

ADDRESS

POSTCODE

TEL No.

Mobile No.

MEDICAL INFORMATION – Destroyed after the event

Date of the last tetanus immunisation

Has the person any allergic reactions to food, medicines or other?

Has the person any special dietary requirements?

Medications should be fully labelled with persons name and full instructions. Please give details below and discuss with area coordinator

Please select with a ✓ any special needs as accurately as possible:

ADHD

Dyspraxia

Mental Health Issues*

Allergies *

Eczema

Speech & Language Issues*

Asthma

Epilepsy

Mobility Impairments*

Diabetes

Hearing Impairments

Visual Impairments*

Dyslexia

Hyper-Activity

Other (detail below) *

* Please give specific details (continue on a separate sheet if necessary) or discuss with the Local Coordinator or Expedition Leader any **Special Needs, Support Issues** or **Potential Behavioural Issues** that could impact being a member of a small crew living together in confined quarters on a small yacht for a physically and mentally challenging week long sailing expedition.

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PARENTAL CONSENT FOR UNDER 18s

I understand that the Activity Leader reserves the right to send participants home if necessary.

If it becomes necessary for my child to receive medical treatment and if I cannot be contacted by telephone or any other means to authorise this I hereby give my general consent to any necessary medical treatment and authorise a Scouter of the event to sign any document required by the hospital authorities.

I will discuss with the Local Coordinator and Expedition Leader any Special Needs or Potential Behavioural Issues that could impact being a member of a small crew living together in confined quarters on a physically and mentally challenging weeklong sailing expedition.

If any of the medical or special needs information changes prior to the expedition, I will provide an updated form and notify the Expedition Leader and Local Coordinator

Signed (Parent / Guardian) _____

Full Name & Relationship to Scout / Explorer _____

Date _____

CONSENT FOR OVER 18s

I understand that the Activity Leader reserves the right to send participants home if necessary.

If it becomes necessary for me to receive medical treatment and if my emergency contact cannot be contacted by telephone or any other means to authorise this I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the event to sign any document required by the hospital authorities.

I will discuss with the Area Coordinator or Expedition Leader any Special Needs or Potential Behavioural Issues that could impact being a member of a small crew living together in confined quarters on a physically and mentally challenging weeklong sailing expedition.

If any of the medical or special needs information changes prior to the expedition, I will provide an updated form and notify the Expedition Leader and area Coordinator

Signed _____

Date _____

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