

# Guidelines for a Beaver Scout Sleepover



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## Purpose

Sleepovers gives young people their first experience of a night away from home without their parents/guardians. They are intended to plant a 'seed', which is then picked up and developed as the young person moves through the Sections. So it is vital that any 'first' experience of the activity should be of good quality. This will ensure that the young person is not put off by a bad experience.

## Criteria

In order to achieve a "Quality" experience the criteria set out below must be adhered to at all times.

- participation by Beaver Scouts
- one night only
- indoor only
- leadership team as below
- authorised by DC (CC/AC for County/Area events)
- seek parental permission

**Participation:** It must be stressed that this is an optional Colony activity and is undertaken at the discretion of the Beaver Scout Leadership Team. Sleepovers may be offered to all Beaver Scouts within the Colony or limited to older Beaver Scouts only, again at the discretion of the Beaver Scout Leadership team.

The activity offers the following benefits to young people:

- The fun and excitement of spending time with friends
- More time for extended activities
- Completing an optional part of the Outdoor Challenge
- A contribution towards the Nights Away Activity Badge
- A link to other Sections
- A sense of independence for young people.

**One night only:** Sleepovers should not exceed more than 24hrs duration, which must include travel time. The venue should be local to allow parents/carers to have access to their child at any time should it be required. It is suggested that a Sleepover starts early evening and finishes mid-morning.

**Indoor only:** It is the DC's responsibility to ensure that Leaders are using a suitable venue. This must have adequate sleeping quarters, in particular separate sleeping arrangements for Leaders and young people; separate for boys and girls. There should be washing facilities provided, separate toilet facilities for male and female and a kitchen available.

When using Scout premises i.e. Scout Headquarters or campsite accommodation, the venue must be secure at all times from the general public. This must be able to be locked from the inside with adequate fire doors for emergency use should it be needed.

## The Scout Information Centre

Gilwell Park Chingford London E4 7QW Tel + 44 (0)20 8433 7100 Fax + 44 (0)20 8433 7103 email [info.centre@scout.org.uk](mailto:info.centre@scout.org.uk) [www.scoutbase.org.uk](http://www.scoutbase.org.uk)

If public buildings are used such as a hostel the sleeping quarters for the Beaver Scouts must be secure and not accessible to the general public. A phone should be on hand during the total period of time that the Sleepover takes place.

**Leadership Team:** All adults should be known to the Beaver Scouts or there should be the opportunity for this to happen before the event. Sleepovers must at all times have a minimum of 3 adults, with a ratio of 1 Adult to 4 Beaver Scouts, plus the Leader in charge. This must apply at all times. The Leader in charge must have a Warrant and have completed both Beaver Scout Leader training to Leadership 1 level (or local equivalent) and the Sleepovers training module.

It is desirable that the Leadership team reflects a balance of male and female adults. Members of the Leadership Team should be nominated to take responsibility for first aid and catering.

All adults must have been the subject of the enquiry process as set out in POR Rule 15.1.

**Authorisation:** It is essential that before offering the activity to Beaver Scouts the appropriate Commissioner (District for Group /District and County/Area for County/Area events) must be aware of the intention to hold a Sleepover and approved in principle the activity.

**Preparation:** At least two months before the event the Leader should have visited the venue and be satisfied that the facilities are adequate for the purpose. After this, Form PS (BS) should be submitted to the appropriate host Commissioner, supported by a programme for wet and dry weather.

**Parental permission:** This must be obtained in writing from parents/carers. A suggested form is attached to these Guidelines.

### Checklist for organising a Sleepover

- Colony Leaders meet to agree activity.
- DC/CC's approval in principle - confirms the Association's requirements in respect of training and experience.
- Visit the venue and check facilities inc.: sleeping arrangements, security and proximity of telephone.
- Set date and venue.
- Decide which Beaver Scouts the event will be for.
- Notify the Beaver Scouts/ parents/guardians.
- Seek formal permission from parents/carers.
- Submit Form PS (BS) (at least two months before activity).
- Involve Beaver Scouts in planning the programme.
- Submit a completed Form FS 120078 (Home Contacts) to Home Contact.
- Carry out Sleepover.
- Detailed review by Leadership Team.

For further information on Sleepovers see Section 4.1 of Colony essentials and Nights away. Colony programmes provide a wealth of ideas for developing a dynamic programme for the Sleepover.



# SLEEPOVER INFORMATION

Both the Sleepover Leader and parent/guardian should complete their parts of this form legibly in black ink.

THIS SECTION TO BE FILLED IN BY THE LEADER AND GIVEN TO THE PARENT/GUARDIAN.

TO PARENTS/GUARDIANS: PLEASE RETURN THE LOWER SECTION OF THIS FORM, COMPLETED AND SIGNED, TO THE LEADER

BY .....

The \_\_\_\_\_ (name of group)

Beaver Scout Sleepover will take place at

Tel. No. \_\_\_\_\_ On \_\_\_\_\_ (date)

We leave from \_\_\_\_\_ (place) at \_\_\_\_\_ (time)

We arrive back to \_\_\_\_\_ (place) at \_\_\_\_\_ (time)

It will cost £ \_\_\_\_\_ with a deposit of £ \_\_\_\_\_ to be paid by \_\_\_\_\_ (date) with balance by \_\_\_\_\_ (date)

We return on \_\_\_\_\_ (date) at \_\_\_\_\_ (time)

Additional information about the event and activities:

The Leader will be (name)  
Address:  
Telephone number

The Home Contact is (name)  
Address  
Telephone number

All activities will be run in accordance with The Scout Association's safety rules. NO responsibility for personal equipment, clothing and effects can be accepted by the organisers and The Scout Association DOES NOT provide automatic insurance cover in respect of such items. Please contact the leader if you require any further information.

Leader's signature \_\_\_\_\_

*Cut off and return slip below and keep top part of the sheet somewhere safe*



## PERSONAL INFORMATION

*This section is to be filled in by the parent or guardian of the named Beaver Scout*

I give permission for (name) \_\_\_\_\_

to attend the Sleepover at \_\_\_\_\_ on \_\_\_\_\_ the following information is provided for the benefit of the Leader.

Name, address and telephone number of own Doctor.

Has she/he been in contact with any infectious diseases within three weeks prior to the event? \_\_\_\_\_

Medicines currently being taken. \_\_\_\_\_

Date of last tetanus immunisation. \_\_\_\_\_

Does she/he have any allergies to food, medicines or other? \_\_\_\_\_

Does she/he have any special dietary needs? \_\_\_\_\_

Does she/he have any other special needs? Please continue on separate sheet if needed \_\_\_\_\_

Additional information the Leader should have

Date of birth \_\_\_\_\_ NHS Number \_\_\_\_\_

During the event I can be contacted in an emergency at  
Telephone number

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

If it becomes necessary for (name) \_\_\_\_\_

to receive medical treatment and 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 the Scouter in charge of the Sleepover to sign any document required by the hospital authorities.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to particular treatment has the right to do so. For this reason, we do not recommend that Leaders insist on parents signing the statement above. At the same time, it can be a comfort to medical staff to have general consent on advance from parents or to have a Leader on hand able to sign forms required by the medical authorities.

## SLEEPOVER KIT LIST

The young person will need to bring their personal equipment.  
*This is only a guide.*

All items should be clearly labelled with the young person's name.

Uniform

Sleeping bag or suitable bedding

Warm jumper or sweatshirt

Plate, bowl, mug and cutlery

T-shirt or similar

Towel

Trousers or shorts

Touch and batteries

Spare underclothes

Personal washing requirements

Spare socks

Hankies

Nightwear

Teddy

Trainers or appropriate footwear

It is best to pack a rucsac or other bag.

Wellingtons

If you have any queries regarding this kit list please contact the **Sleepover Leader**.





Form PS(BS) **RETURN SLIP**

**Beaver Scout Sleepover**

**Lost District Commissioner to complete this section**

Name

Address

Postcode

Telephone number

I acknowledge receipt of your Form PS(BS) and your outline programme or the Activity to take place in my District

From To

Tick box where appropriate)

I am satisfied with your arrangements

My comments are enclosed

I enclose further details of the venue and surrounding area

Local advice is available from

Signature

Date

**List of Key Staff**

1. Name

Scouting Appointment

2. Name

Scouting Appointment

3. Name

Scouting Appointment

**If necessary, please continue on a second sheet**

**Home contact**

(must be available during Sleepover)

Name

Address

Postcode

Telephone day

Telephone night

I, (Sleepover Leader) confirm that:

(Tick box to confirm)

1. I have visited and inspected the accommodation/area and found it satisfactory
2. I will obtain a parent's written permission for each member (under 18 years) attending the Sleepover
3. I am conversant with and accept The Scout Association's current rules as in POR, and Guidelines for Beaver Scout Sleepovers
4. I have completed Leadership One Training for Beaver Scout Leaders (or local equivalent) and the Sleepover Training Module

**What you should do now**

Once you have completed this section of the form, attach a cheque/postal order to the value of **£3.00** made payable to '(Name of District) District Scout Council' together with your outline programme and a stamped self-addressed envelope. Then pass the form on to your Group Scout Leader and District Commissioner for completion.

**Group Scout Leader to complete this section**

I confirm the above details and am satisfied with the knowledge, skills and attitudes of those going on the Sleepover.

Signature

Date

**Home District Commissioner to complete this section**

(Tick box to confirm)

1. I approve this application
2. The location seems suitable
3. I am satisfied with the knowledge, skills and attitude of those leading the Sleepover
4. I am satisfied that rules relating to the Sleepover are understood
5. I have examined the outline programme and am satisfied with the content and supervision proposed

Name



Address

Postcode

Telephone number

Signature

Date

Now send this form to the Host District Commissioner.

If the Sleepover is to take place in the Home District, complete the tear-off