



Group/Section/Activity Visit Form

This form should be completed by any member of the District Team visiting any Group (including Scout Fellowship), Section or Activity (with the exception of District organised events) within the District.

This form should be passed through LTM, DC and then sectional commissioner for reviewing and finally for filing.

Should any major concerns arise from the visit, this form, completed, should be passed, **as soon as possible**, to the relevant sectional commissioner, LTM or DC as appropriate, preferably with a personal account of the concerns formed.

Please complete in BLOCK CAPITALS. Please tick where appropriate. Only one box should be ticked. Please circle appropriate answer (Y / N / na). Y = Yes, N = No, na = Not Applicable (i.e. inappropriate or not seen). NG/T = Needs or Needed Guidance and or Training. If you tick NG/T please make relevant comments. Any comments should be written on the reverse. Please use section numbers to reference comments.

Visit to: (group) (section) (date)

Type of Activity:
(e.g. weekly meeting, outdoor activity, weekend camp, Patrol activity, night exercise, etc)

Visitor: (name) (position)

(1) Leader's Name: In Charge Y / N
Position: Running Meeting Y / N
Training Required Y / N *

(2) Other Adults present:
Name: Leader Helper Parent YL Training Req'd Y / N / na*
Name: Leader Helper Parent YL Training Req'd Y / N / na*
Name: Leader Helper Parent YL Training Req'd Y / N / na*
Name: Leader Helper Parent YL Training Req'd Y / N / na*
(Continue over page) * Please elaborate over page

(3) Numbers: Members: Leaders: Helpers: Parents/Others: Young Leaders:
(4) Uniform worn by: Members: Y / N / na Leaders: Y / N / na Helpers: Y / N / na Young Leaders: Y / N / na
(5) Appropriate Activity Wear/Equipment worn by: Members: Y / N / na Leaders: Y / N / na Helpers/Parents: Y / N / na Young Leaders: Y / N / na
(6) Appropriate Qualification(s) (including Nights Away permits) held by supervising person(s): Y / N / na (if No please comment over page)

(7) Programme: NG/T Please comment:
Weekly
Monthly
By Term
Other (Continue over page)

(8) Behaviour: Good Average Poor NG/T
(9) Discipline: Good Average Poor NG/T
(10) Leaders' Control: Good Average Poor NG/T

(11) Are the young people having fun? Y / N (If No, please comment over the page)

(12) Ceremonies: Opening / Grand Howl / Flag Break / Inspection
Closing / Grand Howl / Flag Down
Investiture / Going Up Ceremony
Badge / certificate presentation(s)
Other (specify)
(13) Administration: Records: Available? Y / N / na Up to Date? Y / N / na Subscriptions: Paid each Week / Month / Term / Year Other

Please write any comments that you wish to make in the space provided over the page.
After completion, this form should be passed to LTM, DC and then relevant sectional commissioner who should file it.
Please date when you receive this form and pass it on after reviewing it.

Seen by LTM on:/...../..... Seen by DC on:/...../..... Seen by ADC(section)/DESC on:/...../.....

