

Cumann Gasoga na hEireann
Scout Association of Ireland
 National Office
 Morrison Chambers
 32 Nassau Street, Dublin 2
 Telephone: 01 671 1244
 Fax: 01 671 1002
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APPLICATION TO HOLD A BEAVER SLUMBER NIGHT

To be forwarded to National Beaver Team at National Office at least 4 weeks before date of Slumbernight

N.B. Attach programme to this form

Group	District
Date of Slumbernight	Transport Available Yes / No
Address of Slumbernight	Telephone on premises Yes / No
Leader in charge Name..... Address	Have you been on a Slumbernight before? Yes /No
Tel(h) (w)	

Names of other leaders and helpers:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Name of Doctor on call

Address

Telephone

Number of Beaver Scouts

Number of Leaders/Helpers

I, The Leader undertake that the Slumbernight will conform to rules set out by the National Beaver Board

Signed Leader in Charge Date

To District Commissioner of

District we confirm that the above Beaver Scout Team has permission to hold a Beaver Slumbernight

Signed (for NBT) Date

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AN INTRODUCTION TO BEAVER SCOUTING FOR PARENTS

In 1907, Robert Baden Powell founded Scouting for Boys. Over the years, many changes have taken place, including opening the movement to female membership and the introduction of Cub Scouting.

In 1976, Beaver Scouts started in our Association and continues to the present day.

The aim of the Beaver Scout Section is:-

The physical, spiritual and mental development of the Beaver Scout, through a programme of "Learning by Doing", fun and enjoyment with an environmental educational theme. Our Core Programme is "Exploring The World Around Us", out of doors.

It is a well structured programme which encourages teamwork, friendship, self-confidence, self expression, love of the out of doors and seeing God in all things relevant to their age group.

Uniform

The Beaver Scout Uniform is the official Sweat Shirt and Group Scarf. The lower garment (i.e. trousers/skirts) may be dictated by the Scout Group. The uniform will not be required until his/her investiture (approximately 6 weeks from joining). Your child must be six years of age before joining (proof of age may be required).

What you, the parent, can expect from us

Knowing your child is in a safe and friendly environment with all activities geared to the 6-8 year old age range. Our Leaders are expected to follow a set training programme to enable them to look to the needs of that particular age group.

Our association has a strict child protection policy (available on request) and Leaders Code of Behaviour. All Leaders are thoroughly vetted before issue of a Leader warrant.

What do we expect from you

That your child will attend on time for meetings. In the event of your early arrival, the your child is not left unattended.

That they are collected on time after meetings.

That uniform be kept neat and tidy at all times.

That apart from normal childhood high spirits, they should obey the Beaver Teams Code of Conduct. Bad conduct will not be tolerated.

Ideally parents should meet with Leaders on an ongoing basis, this will facilitate discussing your child's progress through the section.

You should inform the Leader in Charge of any ongoing health problems, allergies or special needs, thus ensuring your child's safety and enjoyment of our programme.

Your voluntary help would be very welcome if time and commitments allow.

PARENTS CONSENT FORM



Iparent / guardian of give permission for my son / daughter to join the Beaver Scout Team ofGroup.

Child's Surname

Christian Name

School Attended

Date of Birth (NB. Beavers must have attained their 6th Birthday on joining)

HEALTH NOTES

Does your child suffer from any of the following: -

- | | | |
|-------------------------|-----|----|
| • ALLERGY TO PENICILLIN | Yes | No |
| • ALLERGY TO ANY FOODS | Yes | No |
| • READING DIFFICULTY | Yes | No |
| • BED WETTING | Yes | No |
| • NIGHTMARES | Yes | No |
| • ANY OTHER PROBLEMS | Yes | No |

If you answered yes to any question, please give details overleaf.

My child has had tetanus immunisation Yes No

Date of immunisation / booster

In the event of accident / illness requiring hospitalisation, where I cannot be reached, I give permission for to sign on my behalf where urgent treatment is required.

Name(parent / guardian) Name(parent / guardian)

Address Address

.....

Telephone (Home) (Work) (Mobile)

Beaver Slumbernight



Kit List

- Sleeping Bag and Pillow
- Warm Jumper
- Tracksuit to be worn with Group Scarf
- Plate, Mug, Spoon
- Teddy Bear, everyone to bring one including the leaders



Parents Consent Form

Name:

Address:

Phone: (Home) (Mobile)

Any health problems?	BED WETTING	Yes	No
	NIGHTMARES	Yes	No
	ANY OTHER PROBLEMS	Yes	No

Details:

I consent to my child attending the Beaver Slumbernight in

on from to

During this time I may be contacted at and
phone number

Signed Date

Note: All parts of this form must be completed.

1st Anytown Beavers

Dear Parents,

Zoo Outing - 9th October 1999

The annual National Beaver Zoo Outing will be taking place this year on Saturday 9th October. We need to know by the next meeting if you wish your Beaver to attend this event. We shall be meeting at Garda Headquarters in the Phoenix Park at 11.00 a.m., and would ask you to collect your Beaver at 4.00 p.m. also at Garda Headquarters. Each Beaver will require a packed lunch and raingear. Full uniform will also be required to be worn. Cost will be £1.50, which includes entry to the zoo.

Yours in Scouting,

Ameek

Trip Consent Form

Name of Beaver

I do / do not* wish my son to attend the Zoo Outing on the 9th October.

I enclose £..... (£ 1.50 per person)

Signed Date

* Delete as appropriate

Beaver Kit Record Sheet

Name of Kit:

Date Joined:

Tasks

Completed

Know their name, address and phone number

Know the name of their Group

Learn about the Beaver animal

Know how to fold their scarf

Know the Beaver promise

Know the Beaver prayer

Know the Beaver motto

Know their leaders names

Attend four - six meetings

