

**C3 – PERMISSION TO HOLD A SPECIAL ACTIVITY - APPLICATION FORM**

This form is to be sent to the Regional Outdoor Activities Advisor or appropriate Activity Advisor at least one month before the proposed activity.



3 pages

<b>PART 1: ADULT LEADER-IN-CHARGE</b>					
Name and Surname:			ID number:		
Address:					
Contact telephone number:					
<b>PART 2: THE ACTIVITY</b>					
Date:		Venue & address:			
<b>BOATING</b> (tick appropriate blocks)	Canoeing	Rowing	Sailing	Other:	
<b>HIKING</b> (tick block and fill in distance)	Walk/Hike (Under 5 hours)	Day Hike (Over 5 hours)		Overnight Hike	Distance:
<b>OTHER ACTIVITY</b> (tick appropriate blocks)	Regional event		District event		Branch event
	Specify activity:			Specialist activity:	
<b>PART 3 - NAME(S) OF PERSON(S) WITH BOATING QUALIFICATION / HIKING QUALIFICATION / SPECIALIST QUALIFICATION OR BONE FIDE COURSE OPERATOR</b>					
Name:			Name:		
Address:			Address:		
Contact telephone number:			Contact telephone number:		
Qualification:		Date:		Qualification:	
				Date:	
<b>PART 4 - PERSONS PARTICIPATING IN THE ACTIVITY</b>					
Number of Teddies:	Number of Brownies:	Number of Guides:	Number of Rangers:	Number of Youth:	Number of Adult Leaders:
Name(s) of Unit(s):					
<b>DETAILS OF ADULT LEADERS/ADULT HELPERS (other than Adult Leader-in-Charge and persons mentioned above)</b>					
NAME	UNIT	DUTIES AT ACTIVITY		QUALIFICATION	

<b>PART 5 - COMPLETE IF SWIMMING/BOATING ACTIVITIES WILL TAKE PLACE</b>	
Name of Lifesaver:	Age if under 21:
Qualification:	Date of Qualification:
<b>PART 6 - DETAILS OF PERSON NEAREST TO ACTIVITY WHO WILL ACCEPT EMERGENCY CALLS</b>	
Name:	Contact number:
<p><b>TO BE SIGNED BY THE ADULT LEADER-IN-CHARGE</b> I have read and accept the Safety Rules for Camping and know about the Insurance Policy for all uniformed members of the Organisation.</p> <p>SIGNATURE:</p>	<p><b>TO BE SIGNED BY THE APPROPRIATE COMMISSIONER</b> I recommend that approval be given for the activity, as stated. Name and surname:</p> <p>SIGNATURE:</p>

<b>PART 7 - PERMISSION</b> (to be completed by the Adult Leader-in-Charge before submitting the application)	
Adult Leader-in-Charge:	
Name(s) of Unit(s) participating in activity:	
Venue & address of activity:	
Date of activity:	
Details of nearest public hospital	Name:
Telephone number:	Address:
Details of nearest private hospital	Name:
Telephone number:	Address:
PERMISSION IS HEREBY GIVEN FOR THE ACTIVITY AS DESCRIBED ABOVE	
<b>Name and surname of Regional Outdoor Activities Advisor or appropriate Activity Advisor</b>	SIGNATURE:

**Kindly Note:**

It is our duty as GIRL GUIDES South Africa to ensure that members and/or their guardians are aware of the relevant policies in place, for the protection of our members, and the rights these policies enshrine. GIRL GUIDES South Africa also subscribes to South African legislation and international conventions to ensure the protection of children. Our policies comply with the directives as described therein GIRL GUIDES South Africa works for women and children. It is therefore important that the personal information of these vulnerable members of society is protected and handled with caution and care. It is with this in mind that GIRL GUIDE South Africa has a Protection of Personal Information Policy (hereinafter referred to as the "POPI Policy"). The POPI policy is there to ensure the protection of the personal information of all members and volunteers, and to ensure that every person's Constitutional right to privacy is protected.

The POPI Policy will be made available to the public via the organisation's website. In addition, a hard copy thereof will be made available for perusal at regional offices. GIRL GUIDES South Africa understands that you are sharing your personal information with us, and that the information we collect is of a sensitive nature.

This policy applies to all GIRL GUIDE South Africa activities, including meetings, camps, outdoor activities and trainings, whether regionally, nationally or internationally. In addition, this policy applies to international members and/or third parties participating in any GIRL GUIDE South Africa activities within the Republic of South Africa.

Personal information is collected to register you as a member of GIRL GUIDES South Africa, and to ensure that you receive all the benefits associated to this membership. Your personal information is additionally used to compile reports in terms of the GIRL GUIDES South Africa Constitution. Your personal information is further collected to ensure that GIRL GUIDES South Africa complies with all relevant legislation requiring such collection, and to ensure the safety and protection of the rights of its members and volunteers, through the collection of medical information, dietary requirements and religious information within the context of meetings, camps and other activities.

Your personal information is only retained for as long as it is required to achieve the purpose it was collected for, or, for as long as required by law. Once your personal information is no longer required, the information is destroyed to the extent that any understandable reconstruction thereof is not possible.

All essential adult leaders/volunteers will have access to your personal information and access to your personal information will vary given the circumstances. However, your personal information will not be shared with a third party with the exception of medical emergencies, and only to the extent that such disclosure is necessary. The data subject has the right to have her personal information processed in accordance with the conditions for lawful processing of personal information. Because GIRL GUIDES South Africa deals with marginalised members of society, photographs of members and volunteers fall under the definition of personal information in terms of this policy. As such, each member/volunteer is entitled to limit the collection of their photograph for any purpose.