



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 <input type="checkbox"/>	Helper <input type="checkbox"/>	Parent <input type="checkbox"/>	YL <input type="checkbox"/>	Training Req'd	Y / N / na*
Name:	Leader <input type="checkbox"/>	Helper <input type="checkbox"/>	Parent <input type="checkbox"/>	YL <input type="checkbox"/>	Training Req'd	Y / N / na*
Name:	Leader <input type="checkbox"/>	Helper <input type="checkbox"/>	Parent <input type="checkbox"/>	YL <input type="checkbox"/>	Training Req'd	Y / N / na*
Name:	Leader <input type="checkbox"/>	Helper <input type="checkbox"/>	Parent <input type="checkbox"/>	YL <input type="checkbox"/>	Training Req'd	Y / N / na*

(Continue over page) * Please elaborate over page

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

(7) Programme: NG/T Please comment:

Weekly

Monthly

By Term

Other

..... (Continue over page)

(8) Behaviour: Good <input type="checkbox"/>	(9) Discipline: Good <input type="checkbox"/>	(10) Leaders' Control: Good <input type="checkbox"/>
Average <input type="checkbox"/> NG/T	Average <input type="checkbox"/> NG/T	Average <input type="checkbox"/> NG/T
Poor <input type="checkbox"/> <input type="checkbox"/>	Poor <input type="checkbox"/> <input type="checkbox"/>	Poor <input type="checkbox"/> <input type="checkbox"/>

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

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

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(.....)/DESC on:/...../.....

