



Girl Guides Singapore

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Guiders applying Camper's License/ Pack holiday Permit

PRACTICE/ OBSERVATION CAMP/ PACK HOLIDAY APPLICATION FORM

For practice, please submit the following:

1. Application form (4 weeks in advance)
2. Programme (4 weeks in advance)

For observation, please submit the following:

1. 8 weeks in advance
 - a. Application
 - b. Programme & Wet Weather alternatives (with details of activities)
 - c. Menu and estimates of amount and costs
 - d. First aid kit - uses and organization
 - e. Estimated Camp Budget
2. 2 weeks after the Camp/ PH
 - a. Statement of accounts

Please use BLOCK LETTERS

- *Please delete where applicable*

I. PARTICULARS OF APPLICANT

1. Name of CC/GIC

_____ (Please underline surname)

2. Address

_____ Postal Code S()

3. Telephone no. _____ (Residential)

4. Telephone no. _____ (Office)

5. Email _____

6. Unit _____ * Pack/ Coy 7. Division _____
8. Rank * Captain/ Brownie Leader * Lieutenant/ Asst. Brownie Leader
9. Warranted _____
(dd/mm/yy)
11. School _____

II. CAMPING EXPERIENCE

12. Have you attended the following training courses: If yes, indicate year
- | | | |
|--|----------|-------|
| * BTC Module II | * Yes/No | _____ |
| * Quartermaster's Certificate Training | * Yes/No | _____ |
| * Campfire Leader Training | * Yes/No | _____ |
| * Camp First Aid Course | * Yes/No | _____ |

13. Have you been a Camp/ PH staff: * Yes/No
If yes, please indicate:

Year	Name of Camp/ PH	Name of CC/ GIC	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. DETAILS OF CAMP/ PACK HOLIDAY

14. Type of camp * Practice Camp/ PH or * Observation Camp/ PH
15. Date of camp from _____ to _____
(dd/mm/yy) (dd/mm/yy)
16. Address of Camp/ PH _____
Postal Code S()
17. Telephone No. _____ Venue of Camp/ PH

18.	No. of Campers	* Pack/ Coy	Division	District
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

19.	Camp Staff	Name	* Pack/ Coy	Experience/Qualification
	* ACC/ AGIC	_____	_____	_____
	* QM	_____	_____	_____
	* AQM	_____	_____	_____
	* FA	_____	_____	_____
	* AFA	_____	_____	_____

20. Name of Guider-on-call _____
(Please underline surname)

21. Telephone no. _____

IV. CAMP ARRANGEMENTS

22.	Sleeping Arrangements	Description	Number
	▫ Type of Tents	_____	_____
	▫ Wet Weather Accommodation	_____	_____
	▫ Sick Bay(s)	_____	_____
	▫ Dormitories/ Halls/ Rooms	_____	_____
	▫ Beds	_____	_____

23.	Cooking Arrangements		
	▫ Cooking Area(s)	_____	_____
	▫ Storage of Food	_____	_____

24.	Sanitation		
	▫ Toilets	_____	_____
	▫ Bathrooms	_____	_____

25. Emergency

▫ *Doctor-on-call* _____
Address _____ *Postal Code S()*
Telephone _____

▫ *Nearest Clinic* _____
Address _____ *Postal Code S()*
Telephone _____

▫ *Nearest Hospital* _____
Address _____ *Postal Code S()*

** Transportation is available during the Camp/ PH* ** Yes/ No*

V. *RECOMMENDATIONS & PROGRAMME APPROVALS*

26. Name of * Captain/ Brownie Leader _____
(Please underline surname)

27. *Address* _____
_____ *Postal Code S()*

28. Telephone no. _____

Signature of Captain/ Brownie Leader _____ Date _____

Name of Division Commissioner _____
(Please underline surname)

29. *Address* _____
_____ *Postal Code S()*

30. Telephone no. _____

Signature of Division Commissioner _____ Date _____

DATA PROTECTION
Girl Guides Singapore (GGS) will hold and protect all your personal particulars in accordance with the terms of Personal Data Protection Act (Singapore).