



Face to Face Scouting Return: Activities and Sections

Commissioners / Leaders in Charge are responsible for completing the operational plan for their team to be able to recommence face to face operations.

The relevant Assistant Chief Commissioner will review your submission as confirmation that all items are in order.

If you operate a hall/facility, there may be additional information required. This will be requested from you if this is the case.

If you can not honestly tick a response or are unsure, do not submit this form. Instead, consult with your upline Commissioner for assistance.

This checklist is based on SA Government requirements as at 1 June 2020. Adjustments to numbers of people in areas/gatherings will be communicated by Scouts SA as they are announced.

Ticking the box indicates that the item is resolved or is in place.

Team Information

Name of Leader in Charge *

First Name

Last Name

Membership Number

Email Address *

A copy of your completed return will be sent through to your email address

Formation *

Equipment

What procedures do you need to put into place for your activity to meet COVID-19 restrictions

Activities

What will be done to implement minimising mixing and interaction between groups/rooms of people, physical distancing guidelines, sterilising equipment and touch points to conduct activities

Team Meetings/Activities

What processes/procedures will be in place to support social distancing requirements

Have you considered alternate arrangements to support at risk people in your teams/as participants

Hygiene

How will you ensure required hygiene standards are maintained? Consider hygiene protocols and practices, supply of cleaning/sanitising products, adequate hand washing facilities available.

Team Education

How will you ensure your team understands and practices these measures? Guidance materials, record of attendance at sessions

If you operate at a Scouting centre (hall, HQ etc) have you read and understood the requirements of that physical location (all Scout Groups are required to complete a hall checklist). *

- Yes N/A

Areas of hall/facilities (if applicable)

	Name	Description	Indoor or Outdoor	Sq/m of space	Maximum # of people
Space 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Space 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Space 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Space 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any queries or concerns to be addressed?

Prepare for Submission

I understand and have read the guidelines and recommendations and will implement them where I can, to the extent possible, to ensure my operations are COVID Safe. *

- Yes No

I understand we need to await confirmation from our relevant prior to resuming Face to Face Operations *

- Yes No

I declare that the above information is accurate and correct. *

- Yes