1. This document is for use when UK Scouts are hosting Scouts and/or Guides from abroad in private homes, this document is to be used in conjuntion with POR rule 9.65 and [FS120821 Guidance for Hosted and Home Hospitality Experiences](http://www.members.scouts.org.uk/FS120821).

### Data Protection This form is used to collect information about you and others in your household in order to approve the hosting of Scouts and/or Guides from abroad as part of a home hospitality experience. The information contained within this form will be used by the UK Leader in Charge and the Commissioner for the purposes of recording this event. As part of this form we collect personal data about the UK Leader in Charge, visiting Leader in Charge, host family members, this detail is required so that we can approve the visit. We do not share your personal data provided in this form with any third parties. The data provided in this form is stored securely as per the local data protection policy. We take your personal data privacy seriously. We will keep the data we capture from this form, in line with the Scout’s Data Retention Policy and it will be securely disposed of six months after the event.

Part 1 – to be completed by the UK Leader in Charge

|  |  |
| --- | --- |
| **Name of Group / Unit / District / County organising the home hospitality experience** |       |
| **Name of UK Leader in Charge** |       |
| **Phone number**  |       |
| **Email address** |       |
|  |
| **Name of Group visiting** |       |
| **Visiting National Scout Organisation** |       |
| **Name of visiting Leader in Charge** |       |
| **Contact phone number whilst in the UK** |       |
| **Email address** |       |
| **Dates of home hospitality** |       |

Part 2 – to be completed by the host family

|  |  |
| --- | --- |
| **Name of lead member of host family** |       |
| **Address** |       |
| **Phone number (landline and mobile)** | Phone number       Mobile phone number       |
| **Email address** |       |
| **How many guest are you offering to host (minimum of 2 per household)?** |       |
| **Number of residents in the household** | Under 18s       Over 18s       |
|  |
| Details of the adults staying in the household overnight or with responsibility for supervising the guests at any point throughout the stay (if more space is required continue on a separate sheet). |
| **Name** | **Age** | **Relationship to host family lead member** | **Signature – accepting the terms in section A** |
|       |       |       |       |
|       |       |       |       |
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Section A – host adult agreement

* I confirm that I have read and understand the [‘Young Person First’ yellow card Code of Conduct](https://members.scouts.org.uk/supportresources/3099/young-people-first-code-of-practice-yellow-card?cat=299,304&moduleID=10).
* I confirm that I am willing to undertake relevant vetting processes as outlined by the Scouts, including DBS check/ PVG or Access NI.
* I confirm that I am not barred from working with children.
* I confirm that guests will be provided with their own bedroom for the duration of the stay.
* I confirm that all bathroom facilities will have locks to ensure privacy for all parties.
* I understand that if I/we transport the guests in a private vehicle, it must be roadworthy and appropriately insured, and the driver(s) must be agreed in advance with the UK Leader in Charge and hold the relevant valid driving licence.
* I agree that any activities I/we will provide for the guests must be agreed in advance with the UK Leader in Charge.
* I agree that I will be responsible for supervising and caring for my guests so that they are safe and secure. And not left unsupervised with adult who has not been checked

|  |  |
| --- | --- |
| **Proposed drivers** |                 |
| **Proposed programme for the duration of the visit, listing activities undertaken.** |       |

I confirm that the information contained within this form is correct.

|  |  |
| --- | --- |
| **Signature of lead host** |  |
| **Date** |       |

Part 3 – to be completed by the UK Leader in Charge during the pre-visit

Prior to confirming the home hospitality is acceptable, a home visit must be conducted by the UK Leader in Charge or their representative.

I confirm that the accommodation is suitable for the number of family members and guests to be hosted [ ]

I confirm that the bathroom facilities are acceptable for the visit, meeting the required privacy standards [ ]

I confirm that the lead host member has outlined their programme and we have discussed any challenging activities to ensure that they are provided in line with the Scouts rules [ ]

|  |
| --- |
| **Notes** |
|       |
| **Pre-visit completed by**  |       |
| **Date** |       |

Part 4 – to be completed by the host District Commissioner prior to the visit taking place

I confirm that all of the adults present in the host household have undergone appropriate vetting checks [ ]

1. I approve this home hospitality experience to go ahead.

|  |  |
| --- | --- |
| **Signature of lead host** |       |
| **Date** |       |

Part 5 – to be completed by the UK Leader in Charge during hosting visit

Any visit lasting two nights or more requires a home visit during the home hospitality experience (one visit for every 2 night duration), this must be conducted by the UK Leader in Charge or their representative.

I confirm that, having spoken with the young people, that they are aware of the relevant emergency telephone contact numbers, understand when they should be used and are aware of the keyword to use should the need arise [ ]

I confirm that, having spoken with the young people, they present as safe and secure in their host home [ ]

I confirm that the accommodation is suitable for the number of family members and guests to be hosted [ ]

I confirm that the bathroom facilities are acceptable for the visit [ ]

I confirm that the lead host member has outlined their programme and we have discussed any challenging activities to ensure that they are provided in line with the Scouts rules [ ]

|  |
| --- |
| **Notes** |
|       |
| **Host visit completed by**  |       |
| **Date** |       |