1. Introduction

This is an assessment checklist to use in assessing an applicant to gain a permit to hovercrafting. More details on the permit scheme, assessing, technical skills and hovercrafting can be found in resources listed on [scouts.org.uk/a-z](http://www.scouts.org.uk/a-z).

**Using this checklist**

This checklist is the syllabus that an applicant should be assessed against for the technical section of gaining a permit. The columns on the right of each skill show whether it is applicable for each type of permit:

* P - Personal
* L – Leadership permits
* S – Supervisory permits

Once an assessment is complete, the assessor should either submit a recommendation on Compass (if the assessor and applicant are from the same County/Area/Region) or fill in the back page and give it to the applicant to take to their Commissioner to be added to Compass.

1. Equivalent qualifications
2. If an applicant holds an award of the Hovercraft Club of Great Britain (HCGB) from the table below, or equivalent or higher, and has up to date logged experience, then no practical assessment is likely to be required as they have already shown competence in all of the skills listed in this assessment checklist. They will still require a recommendation from an assessor for a Commissioner to grant them a permit.

|  |  |
| --- | --- |
| **Qualification** | **Permit** |
| PLS2 or Racing Licence | Hovercrafting (Water) – Leadership |

Hovercrafting Name:

| Core Skill | Land | | | Water | | |
| --- | --- | --- | --- | --- | --- | --- |
| P | L | S | P | L | S |
| **Responsibilities** |  |  |  |  |  |  |
| * Be aware of the limits of your own abilities |  |  |  |  |  |  |
| * Choose objectives appropriate to the group. |  |  |  |  |  |  |
| * Plan effectively in advance. |  |  |  |  |  |  |
| * Able to identify when remote supervision is not appropriate in running hovercrafting. |  |  |  |  |  |  |
| **Group Management** |  |  |  |  |  |  |
| * Manage and communicate with a group effectively. |  |  |  |  |  |  |
| * Ensure the group is adequately briefed before hovercrafting. |  |  |  |  |  |  |
| * Know how to position themselves to most effectively manage the group. |  |  |  |  |  |  |
| * Able to identify group members with the skills and experience to be able to lead hovercrafting as a designated leader under supervision. |  |  |  |  |  |  |
| * Able to set up appropriate monitoring systems to effectively supervise hovercrafting groups. |  |  |  |  |  |  |
| * Able to ensure that designated leaders are aware of their responsibilities. |  |  |  |  |  |  |
| **Risk Assessment** |  |  |  |  |  |  |
| * Know how to complete a risk assessment. |  |  |  |  |  |  |
| * Able to effectively identify the hazards and risks and know how to reduce or remove them, during hovercrafting. |  |  |  |  |  |  |
| * Able to train participants to carry out their own dynamic risk assessments. |  |  |  |  |  |  |
| * Able to complete a risk assessment and identify those factors that are likely to change gradually or quickly. |  |  |  |  |  |  |
| * Able to identify emergency procedures in a number of situations |  |  |  |  |  |  |
| **Weather** |  |  |  |  |  |  |
| * Knowledge of where to gain weather information. |  |  |  |  |  |  |
| * Knowledge of how weather conditions can affect hovercrafting. |  |  |  |  |  |  |
| **Technical** |  |  |  |  |  |  |
| * Ability to demonstrate an emergency stop. |  |  |  |  |  |  |
| * Ability to handle craft in confined and open spaces. |  |  |  |  |  |  |
| * Ability to control the craft’s speed and direction over land. |  |  |  |  |  |  |
| * Ability to lift, load and unload craft, including the loading of trailers. |  |  |  |  |  |  |
| * Ability transition between land and water. |  |  |  |  |  |  |
| * Ability to restart craft from an engines off situation on water, and get “over hump”. |  |  |  |  |  |  |
| * Experience in a variety of environments for hovercrafting. |  |  |  |  |  |  |
| * Experience of working with a variety of different activity groups in hovercrafting. |  |  |  |  |  |  |
| **Emergency Procedures** |  |  |  |  |  |  |
| * Knowledge of relevant procedures in the event of an accident. |  |  |  |  |  |  |
| * Knowledge of techniques to kill an engine in the event of a failure of safety cut-out. |  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |  |
| * Knowledge of personal equipment required and how it is used. |  |  |  |  |  |  |
| * Knowledge of group equipment required and how it is used. |  |  |  |  |  |  |
| * Understanding of additional equipment required by the leader. |  |  |  |  |  |  |
| * Ensure that all craft are suitably maintained and ready for use and comply with the construction regulations of the sport’s governing body. |  |  |  |  |  |  |

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| 1. Notes: |
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**Hovercrafting - Permit Assessment**

DATA PROTECTION: This form is used to collect information about you for the purpose of approving your permit application, this is to be used by your Assessor and Commissioner. As part of this form we collect personal data about you, your Assessor and Commissioner, this detail is required so that we can log your permit onto Compass (the Scout’s membership database) and also follow up as necessary with your Assessor and Commissioner. We do not share your personal data provided in this form with any third parties. The data provided in this form is stored securely in Compass. 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 permit expires.

The applicant should keep this form once it has been completed by the assessor and take it to their Commissioner.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s name** | |  | | | | | **Membership No.** | | |  | |
| **Type** | | Land  / C Waters  / B1 Waters  / B2 Waters | | | | | | | | | |
| **Category** | | Personal  / Leadership  / Supervisory | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. TECHNICAL COMPETENCE | | | | | | | | | | Done |  |
| **Description:** Technical assessment based on competence in all areas of the assessment checklist.  **To be completed by:** Either a County Assessor or an External Assessor with the appropriate NGB award. | | | | | | | | | | | |
| Restrictions based on technical assessment: | | | | | | | | | | | |
|  | | | | | | | | Date | |  | |
| Assessor Signature | | |  | | | | | **Name** | |  | |
| County Assessor Membership Number | | | | |  | | | | | | |
| External Assessor Phone/Email | | | | |  | | | | | | |
| External Assessor Qualification | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| 2. SCOUT ASSOCIATION RULES | | | | | | | | | | Done |  |
| **Description:** Check of knowledge of the appropriate Scout Association rules for running hovercrafting. Appropriate rules can be found in the hovercrafting section of [scouts.org.uk/a-z](http://www.scouts.org.uk/a-z).  **To be completed by:** Either a County Assessor, Commissioner or nominee of the Commissioner. | | | | | | | | | | | |
| Restrictions based on knowledge of The Scout Association rules: | | | | | | | | | | | |
|  | | | | | | | | | Date |  | |
| Signature |  | | | Name | |  | | | Role |  | |
|  | | | | | | | | | | | |
| 3. SAFEGUARDING | | | | | | | | | | Done |  |
| **Description:** Check applicant has undertaken the necessary personal enquiry checks and received the appropriate safeguarding training.  **To be completed by:** Commissioner or nominee of the Commissioner. | | | | | | | | | | | |
| Restrictions based on Child Protection: | | | | | | | | | | | |
|  | | | | | | | | Date | |  | |
| **Signature** |  | | | Name | |  | | Role | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. PERSONAL SUITABILITY | | | | | | | | Done |  |
| **Description:** Check the applicant is suitable (attitude, etc.) based on the demands of hovercrafting.  **To be completed by:** Commissioner or nominee of the Commissioner. | | | | | | | | | |
| Restrictions based on personal suitability: | | | | | | | | | |
|  | | | | | | | Date |  | |
| **Signature** |  | | Name | |  | | Role |  | |
|  | | | | | | | | | |
| 5. PERMIT GRANTED | | | | | | Entered on to Compass | | |  |
| Restrictions: | | | | | | | | | |
|  | | | | Permit expiry date (max. 5 years) | | | |  | |
| Commissioner signature | |  | | | | Date | |  | |