**Note:** The main reasons REN forms are not approved is due to: lack of qualifications, no DBS and/or Safe Space, the venue is not approved for use, late submission for approval of REN ahead of the event taking place.

Please complete the names, membership numbers and role for each of the adults and volunteers aged 14+ attending the residential event in the table below. This should be returned with your completed REN form to your Commissioner and Adviser.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Name:** |  | **Section:** |  | |
| **Contact Name for Queries:** |  | **Dates of trip:** |  | |
| **Division:** |  | **Email address:** |  | |
|  |  | **Going Away With Assessment Required:** | | **Yes / No** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Office Use Only** | | | | |
| **Volunteer’s Name** | **Membership Number** | **Role at this event** | **DBS**  **(valid to date)** | **Safe Guiding**  **(valid to date)** | **GAW Qual**  **Modules** | **LQ Mod 1 section specific** | **First Response**  **(valid to date)** |
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**Notes for those requiring GAW assessment:**

It is recommended that for those who require assessment that they choose a venue that is fairly local. County will pay for travel for a mentor to attend within a 20 mile radius of Leeds Boundary. If the venue is further away than this then the unit is expected to cover the additional mileage cost which is currently payable at 45p per mile.

**ACTION/QUERY LOG**

|  |  |  |
| --- | --- | --- |
| **Action/Query** | **Comment** | **Date Completed** |
|
| *Examples:*  *DBS needed for person 1*  *First Response needed for person x*  *Venue needs to be approved* | *ID check arranged*  *Booked on course taking place on (date)*  *Visit arranged for (date)* | *done on whatever date*  *course completed on (date)*  *visit undertaken (date) and confirmation of venue approval received* |
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**Commissioner Statement:**

REN Part 1 / Part 2 *[delete as appropriate]* is approved subject to the above actions being completed.

Name:

Date: