



RECOMMENDATION TO CLOSE A GROUP OR SECTION.

CLOSURE OF GROUP

CLOSURE OF SECTION

District	<input type="text"/>
Name of Group (in full)	<input type="text"/>

CLOSURE OF GROUP

Reason for Closure:

Detail what attempts have been made to keep the Group operating?

Number of current members:

Please attach a list of all current members including birthdates and the section in which they are members.

Detail what has been done to retain existing members within Scouting?

Group Finances.

Please attach a copy of the Group's financial details to date. On acceptance of this recommendation, the Branch Office will forward instructions to finalise the Group's finances.

Equipment.

Please attach a FULL list of all equipment held by the Group and contact details of the person responsible.

Property.

Please attach:

1. Details of all personnel within the Group that are key holders to the property.
2. Contact details of all other users of the property (if managed by the Group)



CLOSURE OF SECTION

Section

Reason for Closure:

Detail what attempts have been made to keep section operating?

Number of current members:

Youth Male Female Adult Male Female

Detail what has been done to retain existing members within Scouting?

ENDORSEMENT

I have made every effort to improve the viability of the Group and have discussed this situation with all Leaders & Parents who all fully understand the consequences of closure.

Group Leader/S.I.C. Date

RECOMMENDATION

As District Commissioner, I have discussed this situation with the Group Leader/S.I.C. and am confident that every effort has been made to improve the viability of the Group prior to this decision.

District Commissioner Date

BRANCH OFFICE USE

APPROVED

Chief Commissioner Date

Equipment Option

Property Management Sub Committee Notified Date

Date into Recess Date letter sent to all members