



# Application for Youth Membership

FORM  
**Y1**  
NOV 2017

**Note:** - Please complete pages 1-3 and return to the Section Leader upon joining

**PLEASE WRITE CLEARLY**

## APPLICANT'S PERSONAL DETAILS

FAMILY NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: M  F

FULL GIVEN NAMES \_\_\_\_\_ RELIGION/DENOMINATION \_\_\_\_\_

PREFERRED FIRST NAME \_\_\_\_\_ NATIONALITY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TOWN/SUBURB \_\_\_\_\_ STATE NSW POSTCODE \_\_\_\_\_

FAMILY EMAIL \_\_\_\_\_

YOUTH EMAIL \_\_\_\_\_

PRIMARY CARER PREFERRED CONTACT NO. \_\_\_\_\_ PRIMARY CARER MOBILE \_\_\_\_\_

POSTAL ADDRESS (if not as above) \_\_\_\_\_

TOWN/SUBURB \_\_\_\_\_ STATE NSW POSTCODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ SCHOOL \_\_\_\_\_  
(e.g. Student)

PLACE OF BIRTH \_\_\_\_\_ INTERESTS/HOBBIES \_\_\_\_\_  
(Town/Suburb, Country)

LANGUAGE SPOKEN AT HOME (other than English) \_\_\_\_\_

**COURT ORDER:** Is the Applicant the subject of any custody or access orders or arrangements? Y  N

Details of the applicant's previous membership of the *Scout* Movement (if applicable)

Membership No (if known)

\_\_\_\_\_

\_\_\_\_\_

## PRIMARY/ADDITIONAL CARER AUTHORITY AND UNDERTAKING

Please register the above applicant as a member of Scouts Australia, New South Wales. The Medical Details statement attached to the application is correct to the best of my knowledge. I/We consent to the applicant's participation in *Scout* activities as generally outlined in the "Information for Parents", and I/we agree to pay such registration and membership fees as required. I/We will use my best endeavours to support the Scout Group and its activities, and its rules and guidelines.

I/We agree to abide by the Scout Law and Promise, Child Protection Policy and Procedures, Personal Protection Policy and Procedures Including the Code of Conduct (which by signing this document, I/we acknowledge that I/we have read and understand) at all times in my dealings with Leaders and others when attending Scouting activities and functions. I/we acknowledge and agree that any failure to abide by these commitments by me/us may result in a transfer or termination of membership of my child with Scouts NSW at the absolute discretion of the Region Commissioner or the Chief Commissioner or his Delegate.

I/We have received a copy of, or am aware of, the Scouts NSW Privacy Policy which also contains its Photographic and Images policy, and I/we consent to the information collected on this form and through Scouting activities to be used in accordance with the rights and obligations set out in that policy. I/We also acknowledge that any third party, about whom information on this form has been provided by me, has been informed of the Association's collection of their information and that they are aware of the Scouts NSW Privacy Policy.

I/We accept that Scouts NSW may use electronic signatures as part of their processes.

All current Policies and the Code of Conduct are available on the Scouts NSW website: [www.nsw.scouts.com.au](http://www.nsw.scouts.com.au).

SIGNED: \_\_\_\_\_ Primary Carer DATE \_\_\_\_\_

SIGNED: \_\_\_\_\_ Additional Carer DATE \_\_\_\_\_

## FORMATION ENDORSEMENT

	Joey Scout	Cub Scout	Scout	Venturer Scout	Youth Helper
Please register the above applicant as a:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with	<b>1<sup>st</sup> Pymble</b>	<b>Cub Pack</b>			<b>Sydney North</b>
	<i>Group (eg 1<sup>st</sup> Goolgowi)</i>	<i>Formation Type (eg Cub Pack)</i>	<i>Section Name (eg "Koala")</i>		<i>Region</i>
The applicant joined or re-joined on	_____				
Name of GL/Leader-in-Charge	<b>Philip Heys</b>		Appointment	<b>Lic</b>	
Signature of GL/Leader-in-Charge	_____		Date	_____	

## OFFICE USE ONLY

APPLICATION RECEIVED	DATE OF DATA ENTRY	MEMBERSHIP NO.
_____	_____	_____

Scouts Australia NSW	Level 1, Quad 3, 102 Bennelong Parkway, Sydney Olympic Park, NSW 2127	P O Box 125 Lidcombe, NSW 1825	Ph: 02 9735 9000 Fax: 02 9735 9001 E-mail: <a href="mailto:info@nsw.scouts.com.au">info@nsw.scouts.com.au</a>
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(This page may be copied double-sided with page 2)  
Please forward to your **Region Office** for processing

APPLICANT: \_\_\_\_\_

The Scout Group is a community organisation. It exists because people like you want to make the individual training and development that Scouting is famous for, available for your children. Every family that joins the Group is encouraged to contribute in some way. Some families assist by serving on the management or fundraising committee, others prefer to assist in practical ways such as maintaining or fixing facilities or equipment, while others assist with the running of a Section as an Adult Leader or Parent Helper.

**CHILD SAFETY IS OUR PRIORITY**

All Adult Leaders undergo Police Checks, complete Child Safe Training and hold a valid and verified NSW Working With Children Check (WWCC). To find out more, please visit: [www.nsw.scouts.com.au/general-information/child-safety](http://www.nsw.scouts.com.au/general-information/child-safety) .

**FAMILY DETAILS**

**NAME OF PRIMARY CARER** \_\_\_\_\_

(THIS PERSON WILL BE RECORDED AS THE PRIMARY CONTACT FOR THIS YOUTH MEMBER)

TITLE (e.g. Mr/Mrs) \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

PREFERRED CONTACT NO. \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ARE YOU A CURRENT OR FORMER MEMBER OF SCOUTS NSW?  YES  NO

MEMBERSHIP NUMBER (if known) 

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EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES \_\_\_\_\_

**What assistance are you able to provide the Group?**

assist with transportation to camps	<input type="checkbox"/>	become a Leader	<input type="checkbox"/>
assist with transportation on special outings	<input type="checkbox"/>	be a regular parent helper	<input type="checkbox"/>
become a member of the parents' committee	<input type="checkbox"/>	teach the members special skills	<input type="checkbox"/>
assist at working bees	<input type="checkbox"/>	help with testing for badge work	<input type="checkbox"/>

Other \_\_\_\_\_

**NAME OF ADDITIONAL CARER** \_\_\_\_\_

TITLE (e.g. Mr/Mrs) \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

PREFERRED CONTACT NO. \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ARE YOU A CURRENT OR FORMER MEMBER OF SCOUTS NSW?  YES  NO

MEMBERSHIP NUMBER (if known) 

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EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES \_\_\_\_\_

**What assistance are you able to provide the Group?**

assist with transportation to camps	<input type="checkbox"/>	become a Leader	<input type="checkbox"/>
assist with transportation on special outings	<input type="checkbox"/>	be a regular parent helper	<input type="checkbox"/>
become a member of the parents' committee	<input type="checkbox"/>	teach the members special skills	<input type="checkbox"/>
assist at working bees	<input type="checkbox"/>	help with testing for badge work	<input type="checkbox"/>

Other \_\_\_\_\_

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## MEDICAL DETAILS

APPLICANT'S FAMILY NAME \_\_\_\_\_ GIVEN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ NSW \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELIGION/DENOMINATION \_\_\_\_\_

MEDICARE NUMBER 

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NAME & NUMBER OF PRIVATE MEDICAL FUND (if applicable) \_\_\_\_\_

NAME OF AMBULANCE FUND (if applicable) \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_

DOCTOR'S TELEPHONE NUMBER \_\_\_\_\_

IS THE APPLICANT ALLERGIC TO ANY MEDICATION?  YES  NO  
(give details if Yes) \_\_\_\_\_

DOES THE APPLICANT SUFFER FROM DIABETES, HEART, ASTHMA, EPILEPSY OR OTHER CONDITION WE SHOULD BE AWARE OF?  YES  NO  
(give details and medication if applicable) \_\_\_\_\_

DOES THE APPLICANT HAVE ANY ALLERGIES?  YES  NO  
(give details if Yes) \_\_\_\_\_

DOES THE APPLICANT HAVE ANY OTHER CONDITIONS OR DISABILITIES THAT MIGHT LIMIT FULL PARTICIPATION IN ACTIVITIES?  YES  NO  
(give details if Yes) \_\_\_\_\_

HAS THE APPLICANT BEEN IMMUNISED AGAINST TETANUS?  YES  NO  
APPROXIMATE DATE \_\_\_\_\_

IN THE CASE OF ACCIDENT AND WE ARE UNABLE TO CONTACT YOU, PLEASE GIVE THE NAME OF A RELATIVE OR FRIEND WHO MAY BE CONTACTED \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

### MEDICAL AUTHORITY

I authorise any officer, member or servant of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness, to obtain such urgent medical assistance or treatment for the above named applicant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_  
Primary/Additional Carer

(Any change to the Applicant's health should be immediately notified to the Group so that appropriate care may be taken).

**(This page should be retained by the Section Leader)**