



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: info@nsw.scouts.com.au

FORM Y1 (Jan 10)

**APPLICATION FOR
 YOUTH MEMBERSHIP**

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

BLOCK LETTERS PLEASE

APPLICANT'S PERSONAL DETAILS	
FAMILY NAME _____	FULL GIVEN NAMES _____
DATE OF BIRTH _____	PLACE OF BIRTH _____ SEX: M <input type="checkbox"/> F <input type="checkbox"/>
PREFERRED FIRST NAME _____ (If different to First Given Name)	RELIGION/DENOMINATION _____
NATIONALITY _____	INTERESTS/HOBBIES _____
LANGUAGE SPOKEN AT HOME (other than English) _____	
HOME ADDRESS _____	
TOWN/SUBURB _____	STATE _____ POSTCODE _____
POSTAL ADDRESS (if not as above) _____	
TOWN/SUBURB _____	STATE _____ POSTCODE _____
APPLICANT'S EMAIL ADDRESS _____	
OCCUPATION * _____	EMPLOYER OR SCHOOL * _____
HOME PHONE () _____	HOME FAX () _____
WORK PHONE * () _____	WORK FAX * () _____
MOBILE * _____	E-MAIL ADDRESS * _____
* Applicant's details (if applicable) - not Parents	

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

Membership No (if known)

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PARENT/GUARDIAN AUTHORITY

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 consent to the applicant's participation in *Scout* activities as generally outlined in the "Information for Parents", and I agree to pay such registration and membership fees as required. I will use my best endeavours to support the Scout Group and its activities, and its rules and guidelines.

I have received a copy of, or am aware of, the Scouts NSW Privacy Policy which also contains its Photographic and Images policy, and I 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 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. A copy of the policy is available on our website www.nsw.scouts.com.au

SIGNED: _____ Parent/Guardian or Applicant (if over 18) DATE _____

FORMATION ENDORSEMENT	Joey	Cub	Scout	Venturer	Rover	Youth
	Scout	Scout		Scout		Helper
Please register the above applicant as a:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with	1st Ermington	Venturer Unit		Greater Western Sydney		
	Group/Crew (eg 1st Haberfield)	Formation Type (eg Cub Pack)	Section Name (eg "Koala")	Region		
The applicant joined or re-joined on _____ and has paid to my Formation the Joining Fee and Pro Rata Membership Fee as required by the State Office.						
Name of GL/Leader-in-Charge	Tracey Hansford		Appointment	Group Leader		
Signature of GL/Leader-in-Charge	_____		Date	_____		

OFFICE USE ONLY

APPLICATION RECEIVED	DATE OF DATA ENTRY	MEMBERSHIP NO.

(This page may be copied double-sided with page 2.)
 (Pages with original signatures only (no facsimiles) are to be forwarded to your Region Office by the Leader-in-Charge.)
 Exceptions: North Coast - please send to State Office.

**SCOUTS AUSTRALIA
NEW SOUTH WALES**

FAMILY DETAILS

(not required for Applicants over 18)

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. It is expected that every family that joins the Group will 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.

NAME OF MOTHER (OR GUARDIAN) _____
OCCUPATION _____
EMPLOYER _____
WORK PHONE () _____ MOBILE () _____
EMAIL ADDRESS _____
SKILLS & HOBBIES _____
SPORTING OR LEISURE INTERESTS _____

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 will you 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 FATHER (OR GUARDIAN) _____
OCCUPATION _____
EMPLOYER _____
WORK PHONE () _____ MOBILE () _____
EMAIL ADDRESS _____
SKILLS & HOBBIES _____
SPORTING OR LEISURE INTERESTS _____

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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**SCOUTS AUSTRALIA
NEW SOUTH WALES**

MEDICAL DETAILS

APPLICANT'S FAMILY NAME _____ GIVEN NAMES _____

ADDRESS _____

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 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 () _____

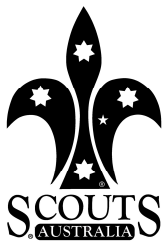
MEDICAL AUTHORITY

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 _____
Parent/Guardian or Applicant (if over 18)

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

(This page may be copied single-sided and should be retained by the Section Leader)



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FORM Y1 (Jan 10)

INFORMATION FOR PARENTS

Dear Parent,

On behalf of your Scout Group, I would like to WELCOME you, as a parent, to our World Wide Movement. By your child becoming a member of Scouts Australia, he/she is joining the largest youth movement in the World with over 26 million members in 220 countries.

Scouting's aim is to develop character and good citizenship and this, for the most part, is achieved through fun and experience gained in outdoor activities. Hiking, camping, canoeing, and learning to fend for oneself teaches the young person self-reliance and how to work with others for the mutual benefit of all. In essence, the basis of Scouting's continuing success is that it uses the young person's natural desire for friendship, fun and adventure to turn them into useful and thinking citizens so subtly that they are unaware of it happening.

Scouting makes full use of the need for adventure and the vivid imagination of young people. Games of all kinds, outings and camps, hikes, yarns, and skill development activities are combined to form a unique programme for young people of all ages. Activity notification forms will be used by the activity leader to specifically advise parents in advance of all overnight activities and all air/alpine/rock-related/water activities.

An Award Scheme operates in each Section (except Joey Scouts) which allows the members a wide variety of activities and skills in which they can participate and receive recognition with the awarding of an appropriate badge. These awards are graded to the person's age and ability and are designed to assist the member in fulfilling our aim. Through all Sections there is the continuing opportunity for young people to work together learning co-operation, responsibility, leadership skills and the sharing of group experiences.

As a parent, I am sure you are vitally interested in the welfare, both physical and mental, of your child and we welcome the opportunity to work with you and see your child develop into a good and useful citizen. Our Group provides the opportunities for parents to become involved in Scouting by supporting the Group's many activities.

Scouting, along with home, School and Religious Organisation will assist your child to become a better member of the community. With your help either as a Leader, Committee person, Instructor, or Examiner, your child will enjoy their experiences in Scouting and will benefit greatly from them. Please encourage your child's active participation in Scouting, as parental encouragement and assistance make it more enjoyable for everyone.

I am sure both YOU and YOUR CHILD will enjoy being involved with Scouting and once again I offer a warm welcome.

GROUP LEADER

Leader's Name Tracey Hansford Phone (02) 9874 2281
Address _____
Name of Scout Group 1st Ermington
Region Greater Western Sydney

SECTION INFORMATION

Your child will belong to the Venturer Scout Section which meets on Wednesday
at Cnr Bartlett St And Kissing Point Rd from 07:30 PM to 09:30 PM

In addition outings take place regularly at times and places of which you will be advised.

The Section Leader is Chris Lummis whose Scouting name is Blue Tongue
The Section Leader's address is _____ Phone (02) 9680 0032

THE SCOUT GROUP

A Scout Group may consist of any or all of the following Sections:-

Joey Mob for boys and girls aged 6 to 8 years,

Cub Pack for boys and girls aged 8 to 11 years,

Scout Troop for boys and girls aged 11 to 15 years,

Venturer Scout Unit for boys and girls aged 15 to 18 years,

Rover Crew for young men and women aged 18 to 26 years.

Each Section has a clearly laid out program of development in order to achieve the Aim of Scouting which is to encourage the physical, intellectual, emotional, social, and spiritual development of young people so that they may take a constructive place in society as responsible citizens.

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