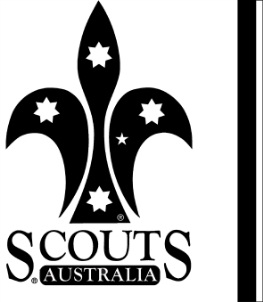
|  |
| --- |
| Scouts Australia NSW |
| Level 1, Quad 3 |
| 102 Bennelong Parkway |
| Sydney Olympic Park NSW 2127 |
|  |
| P O Box 125 |
| Lidcombe NSW 1825 |
| Ph: 02 9735 9000 Fax: 02 9735 9001 |
| e-mail: info@nsw.scouts.com.au |

**FORM Y1 (MAR 13)**

**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  F | |
| 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) | | | | | |
|  |  |  |  |  |  |  |  |

**PARENT/GUARDIAN 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 and 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) in my dealings with Leaders and others when attending Scouting activities and functions.

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. A copy of the policy is available on our website www.nsw.scouts.com.au

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGNED: |  | Parent1/Guardian1 or Applicant (if over 18) | DATE |  |
| SIGNED: |  | Parent2/Guardian2 | DATE |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FORMATION ENDORSEMENT** | | | | Joey Scout | Cub  Scout | | | Scout | | | Venturer  Scout | | | Rover | | Youth  Helper | |
| Please register the above applicant as a: | | | |  |  | | |  | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | | | |
| with |  | |  | | |  | | | | | |  | | | | |  |
|  | 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 | |  | | | | | | |  | Appointment | | |  | | | |  |
| 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) | |  | |  |  |  | |  | |  |  | |
|  | | | | | | | | | | | | |
| EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |

**What assistance will you provide the Group?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| assist with transportation to camps | |  | become a Leader |  |
| assist with transportation on special outings | |  | be a regular parent helper |  |
| become a member of the parents’ committee | |  | teach the members special skills |  |
| assist at working bees | |  | help with testing for badge work |  |
| 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) | |  | |  |  |  | |  | |  |  | |
|  | | | | | | | | | | | | |
| EXPERIENCE IN SCOUTING OR OTHER YOUTH ACTIVITIES | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| assist with transportation to camps | |  | become a Leader |  |
| assist with transportation on special outings | |  | be a regular parent helper |  |
| become a member of the parents’ committee | |  | teach the members special skills |  |
| assist at working bees | |  | help with testing for badge work |  |
| Other |  | | | |

**(This page may be copied double-sided with page 1 )**

**(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**

**MEDICAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT'S FAMILY NAME |  | GIVEN NAMES |  |
| ADDRESS |  | | |
| TELEPHONE NUMBER | (  ) | DATE OF BIRTH |  |
| RELIGION/DENOMINATION |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MEDICARE NUMBER | | | |  |  |  |  |  |  |  |  |  | |  |  |  |  |
|  | | | | | | | | | | | | | | | | | |
| 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) |  | |

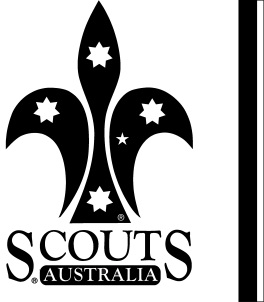
(Any change to the Applicant’s health should be immediately notified to the Group so that appropriate care may be taken).

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

|  |  |
| --- | --- |
| Scouts Australia NSW | New South Wales |
| Level 1, Quad 3 | Level 1, Quad 3 |
| 102 Bennelong Parkway | 102 Bennelong Parkway |
| Sydney Olympic Park NSW 2127 | HOMEBUSH BAY NSW 2127 |
|  |  |
| P O Box 125 | P O Box 125 |
| Lidcombe NSW 1825 | LIDCOMBE NSW 1825 |
| Ph: 02 9735 9000 Fax: 02 9735 9001 | Ph: 02 9735 9000 Fax: 02 9735 9001 |
| e-mail: info@nsw.scouts.com.au | e-mail: info@nsw.scouts.com.au |

**FORM Y1 (MAR 13)**

**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 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.

A most important part of Scouting is our commitment to a set of values in our dealings with others and particularly our youth members. To assist you and your child/ren, we ask that all parents acknowledge and accept that in their dealings with Scouts they will comply with the Scout Laws, our Personal Protection Policy, Code of Conduct and Behavioural Guidelines.

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 |  | Phone | (  ) |
| Address |  | | |
| Name of Scout Group |  |  | |
| Region |  |  | |

SECTION INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your child will belong to the | | |  | | | Section which meets on | |  | | |
| at |  | | | | from | |  | | to |  |
| In addition outings take place regularly at times and places of which you will be advised. | | | | | | | | | | |
| The Section Leader is | |  | | | | | whose Scouting name is | |  | |
| The Section Leader’s address is | | | |  | | | | Phone | | (  ) |

THE SCOUT GROUP

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

|  |  |
| --- | --- |
| **Joey Scout Mob** for boys and girls aged 6 to 8 years, | **Venturer Scout Unit** for boys and girls aged 15 to 18 years, |
| **Cub Scout Pack** for boys and girls aged 8 to 11 years, | **Rover Crew** for young men and women aged 18 to 26 years. |
| **Scout Troop** for boys and girls aged 11 to 15 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.

**(This page may be copied double-sided with page 5 and is to be retained by the Parent/Guardian)**REGISTRATION FEES

Scouting in New South Wales is financed at all levels by various fund raising projects and contributions by its Members.

A quarterly Membership Fee (comprising a Base Fee plus an Insurance component) applies for each member of $ which covers the year ending 31st March. A once-only Joining Fee is required for new members, plus the quarterly fee from the quarter of joining. Together these fees are used for:

1. Making a contribution to Region and State Office for the administration and development of Scouting in New South Wales, for the provision of campsites and activity centres, the training of adult leaders and the promotion of Scouting generally.
2. Insuring all members for personal accident and public liability.

The fees are payable for your child whether present or not at meetings.

In addition the Group Support Committee may levy a fee on each member or family to be used for such things as:

1. Equipping and financially supporting the various Sections of the Group;
2. Maintaining and insuring the Group's buildings and equipment;
3. Paying rates associated with the Group's buildings;

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Joining Fee | $ |  | due |  | on |  | payable to |  |
| Quarterly Fee | $ |  | due |  | on |  | payable to |  |
| Group Fee | $ |  | due |  | on |  | payable to |  |
| Total | $ |  |  | | | | | |

Each youth member may also be asked to pay a regular subscription to their Sectional funds which is used to defray the day to day expenses incurred in the running of that Section.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subscription Fee | $ |  | Due |  | on |  | payable to |  |

INSURANCE

The New South Wales Branch of Scouts Australia has effected extensive insurance policies including public liability, and personal accident cover which includes medical and dental expenses etc, for all **registered** youth members, Adult Leaders, Parents and Committee members. Details of these insurances are contained in the "Insurance Programme Summary" publication provided annually to each Group.

**NB** To be fully covered for this insurance, a youth member must be registered, which is formalised by submission of the Application For Youth Membership form to your Regional Office by the Group Leader and the entering of the member’s details into our membership database.

THE SCOUT PROMISE

|  |  |
| --- | --- |
| Before a person can become a member of Scouts Australia they make a promise which will assist them to develop a sense of self-reliance, loyalty, obedience, usefulness and of service to others. Individuals taking the Promise may choose either of the following: | |
|  |  |
| *On my honour I promise that I will do my best* | *On my honour I promise that I will do my best* |
| *To do my duty to my God, and to the Queen of Australia* | *To do my duty to my God, and to Australia* |
| *To help other people, and* | *To help other people, and* |
| *To live by the Scout Law.* | *To live by the Scout Law.* |

THE SCOUT UNIFORM

|  |  |
| --- | --- |
| Scouting is a uniformed Movement.  You can ask the Section Leader for details of the uniform, which can be purchased from | |
| Scouts Australia’s official uniform supplier “Snowgum”, the nearest being at |  |
| or you can phone Snowgum Mail Order on 1800 811 312 , or visit the web site at [www.snowgum.com.au](http://www.snowgum.com.au) . | |

|  |
| --- |
| Scouts Australia NSW also runs a Scout Shop which is an authorised distributor of the uniform for Snowgum.  They can be contacted on 4274 1193 or by email at [sctshop@nsw.scouts.com.au](mailto:sctshop@nsw.scouts.com.au) . |

1. All outings and meetings must be attended in uniform unless otherwise advised in special circumstances.
2. No part of the uniform with Scouts Australia badges on it may be worn, except at meetings or outings, without the permission of the Section Leader.
3. All badges awarded remain the property of Scouts Australia.

THE GROUP SUPPORT COMMITTEE

This Committee consists of parents and other interested persons who support the work of the uniformed Leaders. This support is given in a practical way by the provision of a Group Headquarters meeting venue, equipment and other facilities. The Group Support Committee is important to the well being of your Group. Your support would be greatly welcomed. The Committee meets on: -

|  |
| --- |
|  |

Parents/guardians are also expected to support fund raising activities of their Group and of other levels of Scouting from time to time. This support avoids the necessity of having much higher Registration and Subscription Fees.

**(This page may be copied double-sided with page 4 and is to be retained by the Parent/Guardian)**

**(PLEASE ENSURE THAT YOU READ “SCOUTS AND CHILD PROTECTION” GUIDE)**