



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 C2 (MAR 16)

**FORMATION OFFICE BEARERS AND
DELEGATES RETURN**
(excluding Rover Crews / Councils)

INSTRUCTIONS:

1. This form is to be completed by ALL Formations at their Annual Report Presentation (ARP) immediately following the appointment of Office Bearers for the coming year.
2. This form is to be handed to the Region or State representative at the ARP.
3. Note that ALL Adult Helpers are required to submit an A2 Adult Helper Application.
4. The Region and State Office are to be notified immediately of any changes during the year.
5. Print CLEARLY and in BLOCK CAPITALS

SECTION "A" - FORMATION DETAILS

FORMATION 1st Mosman Scout Group REGION Sydney North
FORMATION LOCATION
ADDRESS The Barn, 3c Avenue Road, Mosman POSTCODE 2088
FORMATION POSTAL ADDRESS
(if different to location address) As above
FORMATION COMMITTEE MEETING TIME
Day Saturdays Time 3pm Frequency Each Term Location The Barn

SECTION "B" - FORMATION EXECUTIVE OFFICE BEARERS

CHAIRPERSON (Applicable to Group, Region & Fellowship)

TITLE MRS LAST NAME GOOSELL AM GIVEN NAMES COLLEEN MARY
PREFERRED NAME COLLEEN DATE OF BIRTH 10/10/61 MEMBER No. (if applicable) 183986
ADDRESS 2 Bray Street, Mosman
TOWN/SUBURB MOSMAN STATE NSW POSTCODE 2088
DAY PHONE (0411) 33 93 11 DAY FAX () N/A
EVENING PHONE (0411) 33 93 11 EVENING FAX () N/A
MOBILE PHONE (0411) 33 93 11 EMAIL ADDRESS Colleen@front.com.au

DEPUTY CHAIRPERSON (Applicable to Group, Region & Fellowship)

TITLE _____ LAST NAME _____ GIVEN NAMES _____
PREFERRED NAME _____ DATE OF BIRTH _____ MEMBER No. (if applicable) _____
ADDRESS _____
TOWN/SUBURB _____ STATE _____ POSTCODE _____
DAY PHONE () DAY FAX ()
EVENING PHONE () EVENING FAX ()
MOBILE PHONE () EMAIL ADDRESS _____

PRESIDENT (Applicable only to District, Region & Fellowship)

TITLE _____ LAST NAME _____ GIVEN NAMES _____
PREFERRED NAME _____ DATE OF BIRTH _____ MEMBER No. (if applicable) _____
ADDRESS _____
TOWN/SUBURB _____ STATE _____ POSTCODE _____
DAY PHONE () DAY FAX ()
EVENING PHONE () EVENING FAX ()
MOBILE PHONE () EMAIL ADDRESS _____

TITLE	MRS	LAST NAME	COUEN	GIVEN NAMES	GOOSELL AM
PREFERRED NAME	COUEN	DATE OF BIRTH	10/10/61	MEMBER No. (if applicable)	183986
ADDRESS	2 BRAY STREET				
TOWN/SUBURB	MOSMAN	STATE	NSW	POSTCODE	2088
DAY PHONE	() 0411 33 93 11	DAY FAX	() —		
EVENING PHONE	() 0411 33 93 11	EVENING FAX	() —		
MOBILE PHONE	() 0411 33 93 11	EMAIL ADDRESS	colleen@front.com.au		

SECTION "D" —FORMATION PROPERTY OFFICE BEARERS

Applicable only to those Formations responsible for property.

HALL BOOKINGS OFFICER: (Ensure this is the same person specified on the "Property Data Acquisition Sheet")

TITLE	MRS	LAST NAME	HARRISON	GIVEN NAMES	CLAIRE
PREFERRED NAME	CLAIRE	DATE OF BIRTH	—	MEMBER No. (if applicable)	—
ADDRESS	2 BRAY STREET				
TOWN/SUBURB	MOSMAN	STATE	NSW	POSTCODE	2088
DAY PHONE	() 9960 4647	DAY FAX	() —		
EVENING PHONE	() —	EVENING FAX	() —		
MOBILE PHONE	() 0419 806 089	EMAIL ADDRESS	harrisonmike@bigpond.com		

TRUSTEE (1)

TITLE	MR	LAST NAME	WAYNE GODSELL	GIVEN NAMES	WAYNE
PREFERRED NAME	WAYNE	DATE OF BIRTH	3/9/57	MEMBER No. (if applicable)	103876
ADDRESS	2 BRAY STREET				
TOWN/SUBURB	MOSMAN	STATE	NSW	POSTCODE	2088
DAY PHONE	(02) 9968 1039	DAY FAX	() —		
EVENING PHONE	() —	EVENING FAX	() —		
MOBILE PHONE	() 0411 300 100	EMAIL ADDRESS	wayne@front.com.au		

TRUSTEE (2)

TITLE	MRS	LAST NAME	COUEN	GIVEN NAMES	GOOSELL AM
PREFERRED NAME	COUEN	DATE OF BIRTH	—	MEMBER No. (if applicable)	183986
ADDRESS	2 BRAY STREET				
TOWN/SUBURB	MOSMAN	STATE	NSW	POSTCODE	2088
DAY PHONE	(02) 9968 1039	DAY FAX	() —		
EVENING PHONE	(02) 9968 1039	EVENING FAX	() —		
MOBILE PHONE	() 0411 33 93 11	EMAIL ADDRESS	colleen@front.com.au		

SECTION "E" FORMATION DELEGATES

The role of the Delegate is to represent the interests of the Formation at the next level of management in Scouting.

DELEGATE (1) (Group to District Executive (if applicable), District to Region Council / Executive, Region to State Council)

TITLE	MR	LAST NAME	MACCALLUM	GIVEN NAMES	DAVID
PREFERRED NAME	DAVID	DATE OF BIRTH	—	MEMBER No. (if applicable)	112714
ADDRESS	2/4 LINTON STREET				
TOWN/SUBURB	NORTH SYDNEY	STATE	NSW	POSTCODE	2060
DAY PHONE	() 9929 4952	DAY FAX	() —		
EVENING PHONE	() —	EVENING FAX	() —		
MOBILE PHONE	() 0419 110 936	EMAIL ADDRESS	david.maccallum@gmail.com		

VICE PRESIDENT (Applicable only to District, Region & Fellowship)

TITLE _____		LAST NAME _____		GIVEN NAMES _____	
PREFERRED NAME _____		DATE OF BIRTH _____		MEMBER No. (if applicable) <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	
ADDRESS _____					
TOWN/SUBURB _____		STATE _____		POSTCODE _____	
DAY PHONE () _____		DAY FAX () _____			
EVENING PHONE () _____		EVENING FAX () _____			
MOBILE PHONE () _____		EMAIL ADDRESS _____			

SECRETARY (Applicable to Group, District, Region & Fellowship)

TITLE <u>MR</u>		LAST NAME <u>DAY</u>		GIVEN NAMES <u>DAVID</u>							
PREFERRED NAME <u>DAVID</u>		DATE OF BIRTH <u>—</u>		MEMBER No. (if applicable) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>2</td><td>3</td><td>0</td><td>3</td><td>9</td><td>4</td></tr></table>		2	3	0	3	9	4
2	3	0	3	9	4						
ADDRESS <u>4 ORLANDO STREET</u>											
TOWN/SUBURB <u>MOSMAN</u>		STATE <u>NSW</u>		POSTCODE <u>2088</u>							
DAY PHONE () <u>0407 476 313</u>		DAY FAX () <u>—</u>									
EVENING PHONE () <u>0407 476 313</u>		EVENING FAX () <u>—</u>									
MOBILE PHONE (0407) <u>476 313</u>		EMAIL ADDRESS <u>david-diurnal@hotmail.com</u>									

TREASURER (Applicable to Group, District (where applicable), Region & Fellowship)

TITLE <u>MR</u>		LAST NAME <u>DAY</u>		GIVEN NAMES <u>DAVID</u>							
PREFERRED NAME <u>DAVID</u>		DATE OF BIRTH <u>—</u>		MEMBER No. (if applicable) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>2</td><td>3</td><td>0</td><td>3</td><td>9</td><td>4</td></tr></table>		2	3	0	3	9	4
2	3	0	3	9	4						
ADDRESS <u>4 ORLANDO STREET</u>											
TOWN/SUBURB <u>MOSMAN</u>		STATE <u>NSW</u>		POSTCODE <u>2088</u>							
DAY PHONE () <u>0407 476 313</u>		DAY FAX () <u>—</u>									
EVENING PHONE () <u>0407 476 313</u>		EVENING FAX () <u>—</u>									
MOBILE PHONE () <u>0407 476 313</u>		EMAIL ADDRESS <u>david.diurnal@hotmail.com</u>									

SECTION "C" –FORMATION GENERAL OFFICE BEARERS

HONORARY AUDITOR (Applicable to Group & Region)

TITLE <u>MR</u>		LAST NAME <u>DEON DEETLEFS</u>		GIVEN NAMES <u>DEON</u>							
PREFERRED NAME <u>DEON</u>		DATE OF BIRTH <u>—</u>		MEMBER No. (if applicable) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>—</td><td>—</td><td>—</td><td>—</td><td>—</td><td>—</td></tr></table>		—	—	—	—	—	—
—	—	—	—	—	—						
ADDRESS <u>4 DAVIDSON PARADE</u>											
TOWN/SUBURB <u>CREMORNE</u>		STATE <u>NSW</u>		POSTCODE <u>2090.</u>							
DAY PHONE () <u>0410 908 463</u>		DAY FAX () <u>—</u>									
EVENING PHONE () <u>0410 908 463</u>		EVENING FAX () <u>—</u>									
MOBILE PHONE () <u>0410 908 463</u>		EMAIL ADDRESS <u>ddeetlefs@bigpond.com</u>									

SCOUT JOB WEEKS COORDINATOR (Applicable to Group)

TITLE <u>MRS</u>		LAST NAME <u>GOOSEN AM</u>		GIVEN NAMES <u>COLLEEN</u>							
PREFERRED NAME <u>COLLEEN</u>		DATE OF BIRTH <u>6/10/61</u>		MEMBER No. (if applicable) <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td>1</td><td>8</td><td>3</td><td>9</td><td>8</td><td>6</td></tr></table>		1	8	3	9	8	6
1	8	3	9	8	6						
ADDRESS <u>2 Bray Street,</u>											
TOWN/SUBURB <u>MOSMAN</u>		STATE <u>NSW</u>		POSTCODE <u>2088</u>							
DAY PHONE () <u>0411 33 93 11</u>		DAY FAX () <u>—</u>									
EVENING PHONE () <u>0411 33 93 11</u>		EVENING FAX () <u>—</u>									
MOBILE PHONE () <u>0411 33 93 11</u>		EMAIL ADDRESS <u>colleen@front.com.au</u>									

DELEGATE (2) (Group to District Executive (if applicable), District to Region Council / Executive, Region to State Council)

TITLE	<u>MRS</u>	LAST NAME	<u>GOOSELL AM</u>	GIVEN NAMES	<u>QUEEN</u>						
PREFERRED NAME	<u>QUEEN</u>	DATE OF BIRTH		MEMBER No. (if applicable)	<table border="1"><tr><td>1</td><td>8</td><td>3</td><td>9</td><td>8</td><td>6</td></tr></table>	1	8	3	9	8	6
1	8	3	9	8	6						
ADDRESS	<u>2 BRAY STREET</u>										
TOWN/SUBURB	<u>MOSMAN</u>	STATE	<u>NSW</u>	POSTCODE	<u>2088</u>						
DAY PHONE	<u>() 02 9968 1039</u>	DAY FAX	<u>() —</u>								
EVENING PHONE	<u>() —</u>	EVENING FAX	<u>() —</u>								
MOBILE PHONE	<u>() 0411 33 93 11</u>	EMAIL ADDRESS	<u>colleen@front.com.au</u>								

DELEGATE (3) (Applicable only to a Region)

TITLE	<u>MR</u>	LAST NAME	<u>DAY</u>	GIVEN NAMES	<u>DAVID</u>						
PREFERRED NAME	<u>DAVID</u>	DATE OF BIRTH	<u>—</u>	MEMBER No. (if applicable)	<table border="1"><tr><td>2</td><td>3</td><td>0</td><td>3</td><td>9</td><td>4</td></tr></table>	2	3	0	3	9	4
2	3	0	3	9	4						
ADDRESS	<u>4 ORLANDO STREET</u>										
TOWN/SUBURB	<u>MOSMAN</u>	STATE	<u>NSW</u>	POSTCODE	<u>2088</u>						
DAY PHONE	<u>() 0407 476 313</u>	DAY FAX	<u>() —</u>								
EVENING PHONE	<u>() —</u>	EVENING FAX	<u>() —</u>								
MOBILE PHONE	<u>() 0407 476 313</u>	EMAIL ADDRESS	<u>david_diurnal@hotmail.com</u>								

REGION OFFICE MANAGER (Applicable only to a Region)

TITLE		LAST NAME		GIVEN NAMES							
PREFERRED NAME		DATE OF BIRTH		MEMBER No. (if applicable)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
ADDRESS											
TOWN/SUBURB		STATE		POSTCODE							
DAY PHONE	<u>()</u>	DAY FAX	<u>()</u>								
EVENING PHONE	<u>()</u>	EVENING FAX	<u>()</u>								
MOBILE PHONE	<u>()</u>	EMAIL ADDRESS									

OTHER (If applicable. Include)

TITLE		LAST NAME		GIVEN NAMES							
PREFERRED NAME		DATE OF BIRTH		MEMBER No. (if applicable)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
ADDRESS											
TOWN/SUBURB		STATE		POSTCODE							
DAY PHONE	<u>()</u>	DAY FAX	<u>()</u>								
EVENING PHONE	<u>()</u>	EVENING FAX	<u>()</u>								
MOBILE PHONE	<u>()</u>	EMAIL ADDRESS									

SECTION "G" FORMATION DECLARATION

THE FORMATION ANNUAL REPORT PRESENTATION WAS HELD ON SATURDAY MARCH 24, 2018.

I have received a copy of, or am aware of, the Scouts NSW Privacy 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

NAME OF FORMATION RESPONSIBLE LEADER OR COMMISSIONER QUEEN M GOOSELL AM
CHAIRPERSON

SIGNATURE [Signature] DATE 22/03/18.