



Standard Application

A4

June 2010

Use of this Form

This form is to be used by Adult Members/Supporters

- when applying for Training Courses / Events
- when participating in an Overnight activity

Personal Details

Family Name				Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
First Name				Date of Birth		
Preferred Name						
Address				State		
Suburb				Postcode		
Home Phone		Work Phone		Mobile		
Email						
Formation				Appointment		

Activity / Course Details

Name / Title						
Venue						
Date				Course Cost		

Emergency Contact

Family Name			Given Names			
Relationship to Applicant						
Address				State		
Suburb				Postcode		
Home Phone		Work Phone		Mobile		

Payment Information (where applicable)

For **Branch events** Scouts SA is able to accept Credit Card payments. If you wish to pay with this option, please complete the section of the form below.

Credit Card #				Expiry Date		
Name on Card						
Type of Card	VISA <input type="checkbox"/>		MASTERCARD <input type="checkbox"/>			
Signature of Cardholder						

Office Use Only

Date		Receipt		Amount \$	
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Health Information

Health and fitness aspects of applicant (physical limitations etc) that we should be advised of, including any medication that will be brought to the activity
Known allergies. Please attached a separate sheet listing in detail special requirements to be observed in relation to these allergies
Dietary requirements. For special diets please provide examples, brand names etc of what you are able to eat. Attach a separate sheet listing in detail these requirements.

Hospitals sometimes require the following information				
Medicare No		Ambulance Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Health Fund Details	Name			
Member #		Table		

Membership Statement

Are you a registered member of The Scout Association of Australia (SA Branch)?

YES		If yes, please provide membership #	
NO			

Agreement and Medical Authority

Medical

I agree not to make a claim against Scouts Australia (SA Branch) beyond the level of insurance provided by their policies (see explanation below). I authorise any member or other official representative of Scouts Australia (SA Branch) to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse Scouts Australia (SA Branch) for any expenses incurred as a result, which are not covered by the Association's insurance policies.

Explanation of Scout Association Insurance

Scouts Australia (SA Branch) maintains insurance policies designed to cover Adult/Youth Members during Scouting service. For further information you should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

Consent to Use of Image

I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

If applicant is under 18 years of age