



SCOUTS AUSTRALIA YOUTH MEMBERSHIP FORM

FORM Y1
MAY 2015

The details on this form can be transmitted online via Extranet. The form is retained by GL or LIC.
OR sent to your Scout Service Centre for processing with form and fees.

Please print

Group Scout Code:
Group Name: _____ Office Use Only
Registration Number

Has this applicant previously been a registered member with Scouts Australia, Victorian Branch ? Yes / No

PLEASE REGISTER APPLICANT AS: (Circle appropriate section and indicate whether section 1,2 or 3.) If not stated section 1 assumed.
JOEY CUB SCOUT VENTURER ASSOCIATE VENTURER (Refer Info Book) ROVER YOUTH HELPER: Joey / Cub / Scout

APPLICANT:
Surname
Given Name/s
Date of Birth Gender: (As shown on Birth Certificate) Male / Female
Residential Address
Postcode
Name of School
Year Level

PARENT / GUARDIAN: Mr Mrs Ms Miss Dr **RELATIONSHIP TO CHILD**
Surname
Given Name/s
Residential Address
Postcode
Postal Address
(If not same as above)
Phone (Home)
Mobile
Fax
Primary Contact
Email

PARENT OR GUARDIAN TO COMPLETE

MEDICAL AUTHORITY: (Must be fully completed)
In the event of accident or illness I authorise any Officer, Servant or Agent of Scouts Australia to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the Officer, Servant or Agents of Scouts Australia and (should it be advised by a duly qualified Medical Practitioner that it is necessary) to authorise a general anaesthetic. This clause also includes any dental treatment urgently required. I further agree to pay on demand by Scouts Australia all such medical, hospital and other fees and expenses incurred or to be incurred by Scouts Australia in such circumstances other than such fees and expenses recoverable under the policy of insurance taken out by Scout Australia.
I acknowledge that I have read the above provisions prior to signing thereof:

SIGNED: DATE:
(Parent / Guardian or Applicant if over 18 years of age)

Medicare No. Ambulance Subscriber Yes / No

Private Hospital Subscriber Yes / No Name of Fund

GROUP LEADER APPROVAL: Certificate forwarded to GL/LIC to address shown in database unless otherwise nominated below.

Nominated Person: ROLE NAME ADDRESS
Postcode :

DATE MEMBER JOINED GROUP (Medical Authority date unless specified) Day Month Year

Group Leader/LIC confirmation that details provided are correct. Signed Date/...../.....
GL/LIC Reg. No. (.....)

FEE PAYABLE:

METHODS OF PAYMENT:

EFT
Bank Account Name: SAA-VIC Branch HQ Email: accounting@vicscouts.asn.au
Bank Name: National Australia Bank **EFT code: I111316**
BSB: 083-555, Account No: 51-556-4710

CHEQUE PAYABLE TO SCOUT ASSOCIATION, VICTORIAN BRANCH

CREDIT CARD PAYMENT : Name on Card Signature of Cardholder:

Visa M/Card Amex Diners **Card Expiry**
Date

Card No.

Scouts Australia respects your Privacy. Please read the Privacy Notice overleaf

Privacy Notice for Applicants to be Youth Members Youth Helpers & their Parents / Guardians

Scouts Australia – Victorian Branch (the **Branch**)– Victorian Branch (the **Branch**) respects your privacy. The Branch collects personal information in order to process applications, support Adult Leaders or Supporters or Youth Leaders or others in leadership roles in their roles and to offer and administer scouting events and services. This includes using the information to communicate with members, leaders, supporters, youth helpers, and their parents and guardians, to conduct research, and to improve scouting activities and services. We may also collect sensitive information such as health information (to protect health and safety and process claims under insurance), the trade or professional skills of parents and guardians (who may be able to help in scouting events and activities), and information about character and background (including police checks) to help assess suitability for leadership roles.

Your personal information may also be used to send you information about scouting or other products, services and activities offered by the Branch or other organisations (unless you let us know you do not want to be contacted for these purposes). Please note that if you provide us with your email address or your mobile or other phone numbers, your email address or phone numbers may be used to communicate with you (until such time as you tell us you would prefer not to receive any communications through a particular channel or generally).

For the purposes described above, the Branch may disclose your personal information to other members, helpers and leaders, and to Branch staff, the national body of The Scout Association of Australia and other state or territory Scouts Australia branches or organisations, our respective agents and service providers (such as mailing houses), as may otherwise be required or authorised by law, or where you have otherwise consented.

Please note that:

- photographs of members, youth helpers and youth and adult leaders and other participants in scouting events may be published in the Branch's or other scouting publications or on our website; and
- the names and contact details of leaders, supporters and instructors may be published on Scout websites or in other scout publications to facilitate communication,

unless you tell us beforehand if you have concerns about such publication.

Individuals have certain rights to access their personal information held by the Branch. If you would like to request access to your information or let us know that you do not wish your photograph or (if you are a leader, supporter, or instructor) contact details published, or to let us know your contact preferences, or simply if you have any privacy queries, please contact: **The Privacy Officer, Scouts Australia, Victorian Branch, 152 Forster Road, Mt Waverley 3149. Phone (03) 8543 9800, Fax: (03) 8543 9899, Email: privacy.officer@vicscouts.asn.au.**

Please read the Branch's Privacy Policy at www.vicscouts.asn.au for more detail about the Branch's privacy practices.

PRIVACY NOTICE : I have read and agree to the terms of the **PRIVACY NOTICE** overleaf:

SIGNED: **SIGNED:** **DATE:**

(Applicant)

(Parent / Guardian or applicant if over 18 years of age)

Unless you tick the box, the Branch may occasionally send you information about products or services offered by organisations other than the Branch that may be of interest to you. Please tick this box if you do NOT wish to be sent such information. Otherwise, this information will be sent to you. You may also inform us at any time that you no longer wish to receive such information.

Family Court Orders Affecting Youth Applicants

Please note that, in order to ensure the well being of youth members, it is necessary that the Group Leader is made aware of any orders regarding intervention, the Family Court or the Children's Court. In most circumstances, the written consent of both parents will be required for a youth applicant but if there are difficulties with obtaining both signatures, please outline these in writing to the Group Leader