



Scouts Australia NSW
 Level 1, Quad 3
 102 Bennelong Parkway
 Sydney Olympic Park NSW 2127

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 Lidcombe NSW 1825

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 e-mail: info@nsw.scouts.com.au

FORM Y1 (JAN 11)

**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 Scout	Cub Scout	Scout	Venturer Scout	Rover	Youth Helper
Please register the above applicant as a:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with	1st Russell Vale	Cub Pack		South Coast Tablelands		
	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	Steve Harvey		Appointment	GL		
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	<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)

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)

REGISTRATION FEES

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

An annual 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 annual fee on a Pro Rata basis depending upon the calendar 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 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	\$ 30.00	due	once only	on	investiture	payable to	Jacala
Pro Rata Base Fee	\$ _____	due	_____	on	_____	payable to	_____
Pro Rata Insurance 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 \$ **50.00** Due **quarterly** on **term start** payable to **Jacala**

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
To do my duty to my God, and to the Queen of Australia
To help other people, and
To live by the Scout Law.*

*On my honour I promise that I will do my best
To do my duty to my God, and to Australia
To help other people, and
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 Scouting owned or franchised stores trading as "Snowgum", the nearest being at **Scout Shop, 85 Wentworth St, Pt Kembla, Ph 4274 1193** or you can phone Snowgum Mail Order on 1800 811 312, or visit the web site at www.snowgum.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 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 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)