



# SCOUTS AUSTRALIA YOUTH MEMBERSHIP FORM

FORM Y1  
Nov 07

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

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 circle)

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 — please circle) Male/Female

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

**PARENT/GUARDIAN:**

• SURNAME: \_\_\_\_\_ GIVEN NAME/S: \_\_\_\_\_

• RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

• POSTAL ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

(if not same as above)

• PHONE: HOME \_\_\_\_\_ MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

• FAX: \_\_\_\_\_ 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 \_\_\_\_\_

**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.

**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: \$ \_\_\_\_\_

► CHEQUE PAYABLE TO SCOUT ASSOCIATION, VICTORIAN BRANCH

► CREDIT CARD PAYMENT Card No.:           Expiry date:

   

Visa M/Card Amex Diners Name on card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Scouts Australia respects your Privacy.  
Please read the **Privacy Notice** over-

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

Scouts Australia—Victorian Branch (The **Branch**) respects your privacy. The Branch collects your personal information for the purpose of processing applications for membership and fulfilling its obligations to Youth Members.

This includes the Branch:

- Administering Branch activities or services that are provided by or to each Member (including the Member's health and safety at those activities and receiving feedback about activities or services);
- Communication with the Member, the Member's parents or guardians and others to facilitate those activities and services; and
- Obtaining help or participation in those activities that parents and guardians of Members are able to provide.

This information may include sensitive information, such as health information about Youth Members or information about trade or professional skills that parents and guardians may be able to offer. If the Branch does not collect this personal information, it may not be able to carry out the purposes described above satisfactorily. Individuals have certain rights to access their personal information held by the Branch by contacting the Branch at the contact details given below.

Unless otherwise required or authorised by law or your consent, this personal information will only be disclosed to:

- Branch Staff and Branch Leaders, Youth Helpers and some Branch members to assist the Branch in carrying out the purposes described above: and
- Agents of the Branch (such as mailing houses) to assist the Branch in carrying out the purposes described above, (eg. Communicating with Youth Members and their parents / guardians about Branch matters, or unless you tell us you do not wish to receive it, sending information to you about other products and services).

Contact details: **The Privacy Officer, Scouts Australia, Victorian Branch, P.O. Box 774, Mt Waverley 3149. Phone (03) 8543 9800, Fax: (03) 8543 9899, Email: [privacy.officer@vicscouts.asn.au](mailto:privacy.officer@vicscouts.asn.au)**  
**You can find out more about the Branch's use of your personal information in the Privacy Policy at [www.vicscouts.asn.au](http://www.vicscouts.asn.au)**

## 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