

Event:	Date(s) of Event:
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Personal Details

Surname:	Given name(s):	
Gender: Male Female Other	Date of Birth:	Age at Event:
Address:		
Suburb/Town:	State:	Postcode:
Home #:	Mobile #:	
E-mail:		
Section:	Group:	
District:	Region:	

Emergency Contacts

Relationship:	Name:	
Home #:	Work #:	Mobile #:
Email:		
Relationship:	Name:	
Home #:	Work #:	Mobile #:
Email:		

Medical Contacts (e.g. Doctor, Psychologist)

Relationship:	Name:	
Address:		
Work #:	Mobile #:	
Relationship:	Name:	
Address:		
Work #:	Mobile #:	

Emergency Information

Blood Type:	Last Tetanus immunisation:	
Wears: Glasses?	Contact lenses?	Do you object to transfusions?
Permission to have paracetamol?	Swimming ability:	
Medicare No:	Ambulance No:	Private Health Ins. No:

Medical Conditions (answer Yes or No for each item)		
Allergies (anaphylactic)	Allergies (non-anaphylactic)	Anorexia/Eating Disorders
Asthma	Blackouts/Dizziness/Fainting	Bleeding Disorder
Diabetes	Dietary Requirements	Eczema/Skin Condition
Epilepsy/Seizures	Hearing Impairment	Heart Condition
Joint/Muscle/Bone Problems	Migraines	Mental Health Issue
Phobia	Sleep Walking	Sight Impairment
Travel Sickness	Other	

Details of Medical Conditions (i.e. anything with a 'Yes' response above)				
Name of Condition	Description	Risk Level	Medication	
			Required?	Details

Medical Authority	
<p>I hereby Authorise the Leader in Charge of the above activity, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment.</p> <p>I have read and understand the Privacy Notice overleaf.</p> <p>This form is to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave.</p> <p>I acknowledge that I have read the above provisions prior to signing thereof:</p>	
Signed:	Date:
Name (please print):	



Privacy Notice for Applicants to be Youth Members or 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 photo graph 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@scoutsvictoria.com.au**

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

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

Signature (parent/guardian):

Date:

Name (please print):

Section C - Parent Details		
Primary Contact	Relationship to Applicant:	
Title (please tick): Mr Mrs Ms Miss Other		
Given Name:		Middle Name (s):
Surname:		
Address:		
Suburb:	State:	Postcode:
Postal Address:		Tick if same as above:
Suburb:	State:	Postcode:
Phone numbers (Please tick the box if this is a silent number)		
Mobile #:	Home #:	Work #:
E-mail (mandatory):		
Secondary Contact	Relationship to Applicant:	
Title (please tick): Mr Mrs Ms Miss Other		
Given Name:		Middle Name (s):
Surname:		
Residential Street Address:		Tick if same as Primary Contact:
Suburb:	State:	Postcode:
Postal Address:		Tick if same as above:
Suburb:	State:	Postcode:
Phone numbers (Please tick the box if this is a silent number)		
Mobile #:	Home #:	Work #:
E-mail (mandatory):		