



BADEN POWELL PARK SCOUT GROUP

PROSPECTIVE MEMBERS AND VISITORS DETAILS



FORM Y4

Group/Formation:	Baden Powell Park Scout Group	Section:	
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SECTION A - PERSONAL DETAILS OF PROSPECTIVE YOUTH MEMBER	
Gender: <i>(tick one box only)</i>	Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/>
Date of Birth: / /	
Given Names: <i>(Legal Given Name)</i>	
Surname: <i>(Legal Family Name)</i>	
SECTION B - PERSONAL DETAILS OF ACCOMPANYING PARENT/GUARDIAN	
Title: <i>(please tick)</i>	Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/>
Given Name: <i>(Legal Given Name)</i>	
Surname: <i>(Legal Family Name)</i>	
Relationship to Prospective Youth Member:	
Contact number during the visit(s)	
Mobile Phone: <i>(Mandatory)</i>	Home Phone:
E-mail address: <i>(Mandatory)</i>	

Health Statement
Does the prospective youth member suffer from any physical or other disabilities or impairments?
<input type="checkbox"/> No <input type="checkbox"/> Yes: <i>(Please specify)</i>

Does the prospective youth member have any allergies?
<input type="checkbox"/> No <input type="checkbox"/> Yes: <i>(Please specify)</i>

Does the prospective youth member have any medications with them?
<input type="checkbox"/> No <input type="checkbox"/> Yes: <i>(Please specify)</i>
Does the prospective youth member suffer from: <i>(please tick all applicable and provide additional details)</i>
<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy
Is there any further information you consider to be important?
<input type="checkbox"/> No <input type="checkbox"/> Yes: <i>(Please specify)</i>

Medical Authority
 In the event of an accident or illness I authorise any Officer, Servant or Agent of The Scout Association of Australia, Victorian Branch (Scouts Victoria) to obtain on my behalf and at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered as appropriate by the Officer, Servant or Agent of Scouts Victoria 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 Victoria all such medical, hospital and other fees and expenses incurred or to be incurred in such circumstances other than such fees and expenses recoverable under the policy of insurance taken out by Scouts Victoria. I acknowledge that I have read the above provisions prior to signing.

Privacy
 I have read and agree to the terms of the Privacy Policy *(summary overleaf)* available at www.vicscouts.com.au

Membership
 I understand that this form does not constitute membership of Scouts Victoria and an application for membership will require completion of an online application, sent via email by the Group Leader, and payment of the relevant fees.

Parent/Guardian Signature:		Date:	
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This form should be handed to the Group Leader and, provided there has been no injury or illness, be destroyed upon registration of the prospective youth member as a member of Scouts Victoria, or the prospective youth member deciding not to become a member. If the prospective member sustains an injury this form should be attached to an incident report form.

PRIVACY POLICY – SUMMARY

Scouts Victoria is committed to protecting and maintaining the privacy, accuracy and security of all personal information and will apply the Australian Privacy Principles as they apply from time to time.

- Personal information shall only be collected where the information is reasonably necessary for a function or activity of Scouts Victoria
- Scouts Victoria will take all reasonable steps to ensure that the personal information it collects is accurate, up to date and complete
- It is Scouts Victoria policy that Scouts Victoria members and employees are required to respect the confidentiality of members, parents, employees, and supporters' personal information and the privacy of individuals. Scouts Victoria will endeavour to protect the personal information it holds from misuse, interference and loss, unauthorized access, modification or disclosure
- Scouts Victoria will not sell personal information, including mailing address databases, to others
- Scouts Victoria will not store personal information on servers which are situated outside Australia
- Youth members will generally be able to access and update their information through their parents/guardian, but youth members 16 years of age or above may seek access and correction themselves. Parents/guardian will generally be able to access personal information held by Scouts Victoria about a youth member for whom they are the parent / guardian

The full Privacy Policy is available on the Scouts Victoria website (www.vicscouts.com.au) and in hard copy form on request.

Inquiries and Complaints

Any enquires, complaints and requests for access can be made to:

The Privacy Officer, Scouts Victoria

By mail - Victorian Scout Centre, 152 Forster Road, Mt Waverley 3149

By email - privacy.officer@vicscouts.asn.au