



THE SCOUT ASSOCIATION OF AUSTRALIA  
N.S.W. BRANCH SYDNEY NORTH REGION

**Forward completed forms to:**  
**State Environment Activity Camp**  
**39 Irrawong Rd, Narrabeen NSW 2101**



Application to attend the:

**State Environment Activity Camp**  
**30<sup>th</sup> June-2<sup>nd</sup> July, 2007**

ATTENDANCE: Please indicate the camp you wish to attend	
2 day camp (Fri-Sun) <input type="checkbox"/> Youth \$95 <input type="checkbox"/> Leader/adult \$80 <input type="checkbox"/> Early bird discount \$90 (due by 30 <sup>th</sup> April)	Venturer Program (Fri-Tue) <input type="checkbox"/> \$120
3 day camp (Fri-Tue) <input type="checkbox"/> Youth \$120 <input type="checkbox"/> Leader/adult \$100 Early bird discount <input type="checkbox"/> Youth \$110 (due by 30 <sup>th</sup> April)	Rover Program (Fri-Tue) <input type="checkbox"/> \$120
Arrive (circle one)    Fri / Sat    Approx time _____	Depart (circle one) Sun / Mon / Tue    Approx time _____

(Includes Camp Fees, Activities (entry to zoo etc) transport and food)  
Please make cheques out to **Scout Association of Australia SEAC 2007**

Contact: [info@inglesidescoutcamp.com.au](mailto:info@inglesidescoutcamp.com.au)

Rick Shires 02 9970 8581

Louise Johnston 0415 525 040

Applications close 31<sup>st</sup> May  
One applicant per form

Joey  Cub Scout  Scout  Venturer  Rover  Leader  (Appointment \_\_\_\_\_)

Membership No \_\_\_\_\_ Other  (Please Specify: \_\_\_\_\_)

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Scout Group \_\_\_\_\_ Region \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

(at time of State Environment Activity Camp) Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone Work \_\_\_\_\_ Mobile \_\_\_\_\_

Youth members **only** Leaders Name \_\_\_\_\_ Appointment \_\_\_\_\_

Leaders Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only** Application Number \_\_\_\_\_ Date Entered Database \_\_\_\_\_

Application received on \_\_\_\_\_ Receipt number \_\_\_\_\_

Amount received \_\_\_\_\_

# Medical

To be completed by all applicants

Medicare No:

Expiry Date \_\_\_\_\_

Position on card

Private Health Fund Yes / No Name \_\_\_\_\_

Membership No \_\_\_\_\_

Ambulance Yes / No Doctor's Name \_\_\_\_\_ Phone No \_\_\_\_\_

Does the applicant suffer from any of the following ailments, allergies or conditions (please tick and then give full details)

- |                                  |               |                          |                    |                          |
|----------------------------------|---------------|--------------------------|--------------------|--------------------------|
| Allergy                          | Drugs         | <input type="checkbox"/> | Hay Fever          | <input type="checkbox"/> |
|                                  | <b>Food</b>   | <input type="checkbox"/> | <b>Asthma</b>      | <input type="checkbox"/> |
|                                  | Insects       | <input type="checkbox"/> | Hives              | <input type="checkbox"/> |
|                                  | Preservatives | <input type="checkbox"/> | Nose Bleed         | <input type="checkbox"/> |
|                                  | Other         | <input type="checkbox"/> | Spinal             | <input type="checkbox"/> |
| Intellectual Disability          |               | <input type="checkbox"/> | Haemophilia        | <input type="checkbox"/> |
| Physical Disability              |               | <input type="checkbox"/> | Motion Sickness    | <input type="checkbox"/> |
| Hearing Impairment               |               | <input type="checkbox"/> | Migraine           | <input type="checkbox"/> |
| Sight Impairment                 |               | <input type="checkbox"/> | Ear Problems       | <input type="checkbox"/> |
| Speech Impairment                |               | <input type="checkbox"/> | Kidney             | <input type="checkbox"/> |
| Hypertension / Blood pressure    |               | <input type="checkbox"/> | Sleepwalking       | <input type="checkbox"/> |
| Heart Condition                  |               | <input type="checkbox"/> | Epilepsy           | <input type="checkbox"/> |
| <b>Diabetes / Hyperglycaemia</b> |               | <input type="checkbox"/> | Behaviour Problems | <input type="checkbox"/> |
| Attention Deficit Disorder       |               | <input type="checkbox"/> | Bed Wetting        | <input type="checkbox"/> |
| Muscle Trauma                    |               | <input type="checkbox"/> | Other              | <input type="checkbox"/> |

**Details (and Treatment) (Asthma plan if applicable)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Tetanus Immunisation \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Applicant must be currently immunised).

Medical Alert Necklace Yes / No Bracelet Yes / No

Will the applicant be bringing any medication with them? Yes / No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant administer this medication themselves? Yes / No

Does the applicant have any special food requirements? Yes / No **If yes please complete the food alert form**

**SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ABOVE IN ANY WAY, PRIOR TO DEPARTURE FOR THE State Environment Activity Camp, IT IS YOUR OBLIGATION TO ADVISE THE ORGANISERS IMMEDIATELY OF SUCH CHANGE.**

# **FOOD ALERT FORM**

Food is an important part of our every-day diet, for some people the food we eat is a major factor to be considered. This may be due to **Religious**, **Personal Choice** (eg Vegetarian) or **Health / Medical** reasons.

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Please complete this form for all **Dietary** needs so that we can cater for you (Please do not include likes/dislikes, fads – needs must be genuine).

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## **Suggested Alternatives**

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**INDEMINITY****All Applicants must sign****APPLICANT**

- I, \_\_\_\_\_ ("Applicant") wish to be considered for selection to attend the State Environment Activity Camp

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(PRINT FULL NAME)

- I understand the Scout Promise and Law and I agree to abide by the rules and regulations of the State Environment Activity Camp. If an Adult I have filled in and attached a Prohibited Employment Declaration form. I understand that still and video photography of people and events will take place at the State Environment Activity Camp and that this material may be used without permission or payment to promote Scouts Australia.

IN CONSIDERATION of the Scouts Australia, New South Wales Branch ("Association"), accepting this application for the State Environment Activity Camp,

I/We : \_\_\_\_\_-

(PARENTS, OR GUARDIANS OR APPLICANT 18 YEARS OR OLDER TO PRINT NAME)

- Acknowledge that the activities conducted at the State Environment Activity Camp will involve physical tasks, which inherently contain risk of injury. I understand that those activities are carried out on a challenge by choice basis, and that the Applicant may decline to participate in any one or more activity should they so desire. If the Applicant does elect to participate in an activity, I voluntarily accept all consequences of their participation including any risk of injury associated with participation in the State Environment Activity Camp activities.
- Except to the extent that the Association, its officers, leaders, agents and members are entitled to be indemnified by an insurer under a Policy of Insurance maintained by the Association, hereby release and indemnify the Association, its officers, leaders, agents and members against any liability (including liability involving negligence) in relation to participation in any activity connected with the State Environment Activity Camp, or when travelling to and from the State Environment Activity Camp.
- Authorise the Association in the event of any injury or illness occurring in connection with any activity connected with the State Environment Activity Camp to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by the Association. I agree to pay on demand by the Association any medical, hospital or other expenses incurred by the Association on my behalf.
- Understand that the Applicant is expected to act in accordance with the acknowledged principles of the Association. Should the Applicant detract from the said standard of behaviour, I understand that at the discretion of the State Environment Activity Camp Executive, the Applicant may be returned home by the most direct means at my expense and no claim can be made by me for compensation in lieu of incomplete activities.
- Understand that photographers authorised by the Scouts Australia, NSW Branch may take still and video footage of the event and the people taking part including my son/daughter. The Association through advertising, press releases, Association publications, and the Internet will use these images solely for the purpose of promoting Scouting, and I authorise the Association to use such images for that purpose without permission granted or compensation.

**Signature of Parents and/ or Guardians or Applicant (if over 18 years)**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Or Guardian's Signatures \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_



## PROHIBITED EMPLOYMENT DECLARATION

A requirement of the NSW Government under the Child Protection (Prohibited Employment) Act 1998

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The *Commission for Children and Young People Act 1998* makes it an offence for a prohibited person (a person convicted of a serious sex offence, the murder of a child or a child-related personal violence offence, as well as a Registrable person under the *Child Protection (Offenders Registration) Act 2000*) to apply for or otherwise attempt to obtain, undertake or remain in, child-related employment.

It does not apply if an order from the Industrial Relations Commission, Administrative Decisions Tribunal or Commission for Children and Young People, declares that the Act does not apply to a person in respect of a specific offence.

For further information on what is child-related employment see the *Working With Children Employer Guidelines*.

### Section 33B of the *Commission for Children and Young People Act 1998* defines a serious sex offence as:

- an offence, involving sexual activity or acts of indecency, committed in New South Wales and that was punishable by penal servitude or imprisonment for 12 months or more; or
- an offence, involving sexual activity or acts of indecency, committed elsewhere and that would have been an offence punishable by penal servitude or imprisonment for 12 months or more, if it had been committed in New South Wales; or
- an offence under section 80D or 80E (sexual servitude) of the *Crimes Act 1900*, committed against a child; or
- an offence under Sections 91 D-91 G (child prostitution, other than if committed by a child prostitute) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- an offence under Section 91 H, 578B or 578C (2A) (child pornography) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence, whether under the law of New South Wales or elsewhere, prescribed by the regulations.

### **NOTE: A conviction for carnal knowledge is classified as a serious sex offence under this legislation.**

Section 33B of the *Commission for Children and Young People Act 1998* defines a child-related personal violence offence as an offence committed by an adult:

- involving intentionally wounding or causing grievous bodily harm to a child; or
- of attempting, or of conspiracy or incitement, to commit such an offence.

### **Under Commission for Children and Young People Act 1998:**

- it is an offence for a prohibited person to apply for or otherwise attempt to obtain, undertake or remain in child related employment;
- employers must ask existing employees, both paid and unpaid, and preferred applicants for child-related employment to declare if they are a prohibited person or not; all people in child-related employment must inform their employers if they are a prohibited person or remove themselves from child-related employment; and penalties are imposed for non compliance.

**I am aware that I am ineligible to apply for or otherwise attempt to obtain, undertake or remain in, child-related employment if I have been convicted of a serious sex offence or child-related personal violence offence as defined in the Commission for Children and Young People Act 1998, or if I am a Registrable Person under the Child Protection (Offenders Registration) Act 2000.**

I have read and understood the above information in relation to the *Commission for Children and Young People Act 1998*. I am aware that it is an offence to make a false statement on this form.

I consent to a check of my relevant criminal records, to verify the statements I have made here, being undertaken by the NSW Commission for Children and Young People for monitoring and auditing purposes in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

I declare that I am not a person prohibited by the Act from seeking, obtaining, undertaking or remaining in child related employment.

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

All fields must be completed. Please use block letters.

Name: \_\_\_\_\_

Aliases (previous/other names): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

GROUP ( or Regional Leader appointment then show Region) \_\_\_\_\_

If member membership number \_\_\_\_\_ OR If supporter please tick \_\_\_\_\_

**NOTE: Seek legal advice if you are unsure of your status as a prohibited person.**

#### IMPORTANT NOTE

The declaration refers to the fact that you have not committed certain offences the Acts require that you inform Scouts Australia (NSW Branch) should your status change at any time.

You are also required to report to Scouts Australia NSW State Office any Subsequent relevant Apprehended Violence Orders taken out by a **police Officer** **or other public official** for the protection of a child, or children, that is taken out against you.

Any change in status should be notified promptly to the Child Protection Office of Scouts Australia, NSW State Office 02 9735 9000

