

3rd New South Wales CUBOREE

'Taking off to Adventure'

Centenary of Scouting



**Applications due
by
1st JULY 2007**

Newington Armoury – New South Wales

7th - 10th October 2007

NSW CONTINGENT INFORMATION

ELIGIBILITY

- Cubs** Invested member of the Cub Scout Pack & not born **before 30th September 1996**
Attended a Pre Cuboree Camp.
- Scouts:** Must be an invested Scout and hold the Pioneer Badge.
Must have camped under canvas as a Scout, for five nights.
Must be recommended as suitable to attend by their Scout Leader, Group Leader, Regional Commissioner
Cub Scouts and the Cuboree Director.
- Venturer Scouts:** Registered members of a Venturer Unit and hold the Venturing Skills Badge by 1st October 2007.
Recommended by their Venturer Unit, Venturer Leader, Group Leader Regional Commissioner Cub Scouts
and the Cuboree Director as suitable to serve as a Service Leader.
- Rovers:** Registered members of a Rover Crew at least 18 years of age, but no older than 26 years, at 1st October
2007 will be accepted as Service Leaders.
- Leaders** Must hold a Certificate of Adult Leadership.
- Other Adult
Members:** Must be willing to act in any role in which the Cuboree Director and/or the Cuboree Executive considers
necessary. In addition, other adult members must complete and satisfy a confidential police check in
accordance with current State Adult Membership Application procedures.

Youth member applicants are reminded that attendance at the Cuboree is a privilege, not a right, and that behaviour standards will be monitored over the period from point of application acceptance, to final application approval date, to ascertain attendance eligibility.

Each Region has appointed a Liaison Leader (R.L.L.) who will be your contact for Information and deal with any problems. A list of R.L.L.s is shown below with their contact details. General Cuboree enquiries can be made to Rhonda Ward, Cuboree Secretary or Jan Goodall Cuboree Director.

Email enquiries: rhonda.ward@nsw.scouts.com.au or bc.cubs@nsw.scouts.com.au

I look forward to receiving your application to Cuboree 2007.

Jan Goodall
Cuboree Director

REGION	RLL	CONTACT	REGION	RLL	CONTACT
Greater Western Sydney	Shirley Robertson	(02) 9654 1506	Riverina	Bub Johnston	(03) 5020 1693
Hume	Florence Gardner	(02) 9601 6631	South Coast	Irene Kalsow	(02) 4296 7078
Hunter & Coastal	David Main	(02) 4990 5580	South Metropolitan	Kay Davis	(02) 9547 3298
North Coast	Lou Shakespeare	(02) 6562 1885	Sydney North	Errol Delaney	(02) 9481 0937
North West	Stephanie McColley	(02) 6792 4125	The Golden West	Shirley Stonestreet	(02) 6882 2874

APPLICANTS TO RETAIN THIS PAGE FOR YOUR INFORMATION

HOW TO APPLY (sheet 1)

Please complete **all** parts of this application form. Ensure that parent(s) or guardian(s) where applicable sign the indemnity (Leaders, Rovers and Other Adult Members sign themselves).

Parent helpers must submit a current "Prohibited Employment Declaration" (PED) form at same time as submitting application.

Obtain the required signatures as follows:

Cubs:	Parents, Cub Leader, Group Leader and Regional Commissioner (Cub Scouts)
Scouts:	Scout Leader, Group Leader and Regional Commissioner (Cub Scouts)
Venturer Scouts:	Venturer Leader, Group Leader and Regional Commissioner (Cub Scouts)
Leaders/Rovers/Other Adult Members:	Group Leader or next appropriate level of Commissioner

Please note all applications must be forwarded via your Group with a Group Cheque to: Cuboree Office NSW State Headquarters.

Notes on Payment	1. All application forms must be sent via your Group to arrive no later than 1st July 2007 .
	2. To facilitate Cuboree banking and record arrangements, all payments must be by cheque made payable to Scouts Australia .
	3. Acknowledgment of receipt of your application and deposit will be by way of the Cuboree Newsletter. No individual receipts will be issued.

Late applications cannot be guaranteed to camp with their pack, but every effort to accommodate Cub Scouts will be made.

COST

<u>Cubs</u>	<u>Helpers/Leaders</u>
\$200.00	\$180.00

PAYMENTS

<u>Cubs</u>		
First Payment	\$100.00	due at State Headquarters by 1 st May 2007.
Final Payment	\$100.00	due at State Headquarters by 1 st July 2007
<u>Helpers/Leaders:</u>		
First Payment	\$90.00	due at State Headquarters by 1 st May 2007.
Final Payment	\$90.00	due at State Headquarters by 1 st July 2007.

WITHDRAWALS

If after making application, you are unable to attend the Cuboree, you must advise State Headquarters in writing as soon as possible. A withdrawal application will be available from State Office. The following charges will apply:

Notification of withdrawal received at BHQ

On or before 15 / 07 / 2007	\$25.00 withdrawal fee with or without substitute
After 15 / 07 / 2007	No refund

The Cuboree reserves the right to refuse any application, in which case a full refund will be made.

TRANSPORT

The Cuboree will travel by Coach and details will be advised by your Region in due course. Independent travel by Packs is strongly discouraged and will only be permitted in exceptional circumstances. In such cases the independent traveller will be required to pay the Regional travel cost. Youth members or Leaders seeking to travel independently either one or both ways by their own means or with others must make clear written application to The Cuboree Office at State Headquarters. The Cuboree Director will respond with clearly set out guidelines and instructions.

CUBOREE NEWSLETTER

Applicants who have been accepted will receive a Newsletter from the Cuboree Director prior to the Cuboree.

MEDICAL OBLIGATIONS

SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ON THE MEDICAL STATEMENT IN ANY WAY, PRIOR TO DEPARTURE FOR THE CUBOREE, IT IS YOUR OBLIGATION TO ADVISE THE CUBOREE SECRETARY IMMEDIATELY OF SUCH CHANGE.

3rd New South Wales Cuboree

Newington Armoury – New South Wales

7th - 10th October 2007

Participant Application

Important! Refer also to separate Contingent Information

PERSONAL PARTICULARS

(Please Print)

Applicant Details

Cub Scout Scout Venturer Leader Rover Other Adult

Surname: _____ Date of Birth: _____ Male Female

Given Names: _____ Preferred Name _____

Postal Address: Street No _____ Street Name: _____

Suburb / Town: _____ State / Country: _____ Post Code: _____

Telephone – Home: _____ Religious Affiliation (optional): _____

Scout Group: _____ Region / District: _____

Membership No: _____

Emergency Contact

Please give details (applicable at the time of the Cuboree) of one person who can be contacted during the Cuboree

Surname: _____ Given Name: _____ Relationship to you: _____

Residential Address: Street No. _____ Street Name: _____

Suburb / Town: _____ State/ Country: _____ Post Code: _____

Telephone: Home (____) _____ Work (____) _____ Mobile _____

Are any direct family members attending the Cuboree? No Yes

If Yes, Name and relationship _____

Polo Shirt Size (Please Indicate)

X Small (87cm)

X large (107 cm)

Small (92 cm)

XX Large (112 cm)

Medium (97 cm)

XXX Large (117 cm)

Large (102 cm)

XXXX Large (122 cm)

Office Use Only

Date Received:

\$ _____

Group Cheque
Personal Cheque
Cash

WORK PREFERENCE AND SKILLS

Adult, Rover, Venturer and Scout Applicants Only

Full Name: _____

Appointment: _____

Have you accepted a Cuboree role yet? Yes If yes please indicate: _____

Please number your preferred roles (max 3). Every effort will be made to accommodate requests.

- | | | |
|--|---|---|
| <input type="checkbox"/> Line Leader | <input type="checkbox"/> Security | <input type="checkbox"/> Activities Mega Base |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Sites & Services | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Souvenir Shop | <input type="checkbox"/> Welfare | <input type="checkbox"/> Other: (see below) |

Details of "Other" and any special skills that you can bring to your role: _____

Scouts and Venturers will be allocated a role within an Activity Mega Base.

Tents **will not** be supplied by the Cuboree, arrangements with Groups etc should be made prior to arrival.

All Service Leaders Scouts & Venturers will be camped on the Service Leader Site not with the packs.

Current First Aid Certificate Yes No

Have you completed a Camping Under Canvas Course? Yes No

Do you have any special dietary requirements? (E.g. medical, religious, other) No Yes If YES please indicate diet below:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. DBML Diabetic | <input type="checkbox"/> 5. LSML Low sodium/low salt | <input type="checkbox"/> 9. MOML Moslem |
| <input type="checkbox"/> 2. LFML Low cholesterol/low fat | <input type="checkbox"/> 6. VLML Lacto Ovo Western vegetarian | <input type="checkbox"/> 10. AVML Asian vegetarian |
| <input type="checkbox"/> 3. VGML Vegan Vegetarian | <input type="checkbox"/> 7. KSML Kosher | <input type="checkbox"/> 11. OTHER please specify: _____ |
| <input type="checkbox"/> 4. NLML No Lactose/ No dairy | <input type="checkbox"/> 8. HNML Hindu | |

Cuboree & Jamboree Experience: (Attach sheet if insufficient space)

Event	Year	Role

Activity Leaders – Preferred Activities

The following is an overview of planned activity bases for the 3rd New South Wales Cuboree (subject to change). Leaders who have indicated activities as one of their work preferences are asked to review this and further refine their choice by circling the activity numbers must appealing.

1	Taking Off to Adventure - Through the Ages North West Region & South Metropolitan Region	2	Taking Off to Adventure in the Viking Era - Sydney North
3	Taking Off to Adventure – Making a Splash -- Hume	4	Taking Off to Adventure in the Park - Hume
5	Taking Off to Adventure Discovering Our Natural World - Greater Western Sydney	6	The Early Adventure - Remember Brownsea - The Golden West & Hume Region

MEDICAL STATEMENT

NAME: _____ Membership No. _____

Australian Medicare Number: _____ Ambulance Member? No Yes

Are you a member of a **Private Health Fund**? No Yes *if YES please give details below*

Fund Name: _____ Membership Number: _____

Immunisation. It is recommended that you are fully immunised as per the National Health and Medical Research Council schedule.

Check this with your doctor and also provide the date of your last tetanus immunisation: _____

Do you wear a **medical alert necklace/bracelet**? No Necklace Bracelet *if YES please give details*

Medical alert details: _____

Do you take any **medication** regularly? No Yes *if YES please give details below*

Drugs	Dose	Method of Administration

Do you have any **allergies**? (E.g. Drugs, Plasters, Toiletries, Food, Insects) No Yes *if YES please give details below*

Allergies	Type of Reaction	Type of Treatment

Do you use any **medical aids**? No Yes *if YES please give details below*

Do you have any **special dietary requirements** (for medical or religious reasons only)? No Yes *if YES please nominate diet below.*

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. DBML Diabetic | <input type="checkbox"/> 5. LSML Low sodium/low salt | <input type="checkbox"/> 9. MOML Moslem |
| <input type="checkbox"/> 2. LFML Low cholesterol/low fat | <input type="checkbox"/> 6. VLML Lacto Ovo Western vegetarian | <input type="checkbox"/> 10. AVML Asian vegetarian |
| <input type="checkbox"/> 3. VGML Vegan Vegetarian | <input type="checkbox"/> 7. KSML Kosher | <input type="checkbox"/> 11. OTHER please specify: |
| <input type="checkbox"/> 4. NLML No Lactose/ No dairy | <input type="checkbox"/> 8. HNML Hindu | _____ |

MEDICAL CONDITIONS

If you suffer from any of the following ailments or conditions, please indicate by placing a tick in the appropriate place, so that provision can be made for your welfare. Please also give details regarding any affirmative answers in the space provided below.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1. Angina | <input type="checkbox"/> 9. Bronchitis | <input type="checkbox"/> 16. Hives | <input type="checkbox"/> 23. Stroke |
| <input type="checkbox"/> 2. Arthritis | <input type="checkbox"/> 10. Diabetes | <input type="checkbox"/> 17. Intellectual disability | <input type="checkbox"/> 24. Travel sickness |
| <input type="checkbox"/> 3. Asthma | <input type="checkbox"/> 11. Ear infection | <input type="checkbox"/> 18. Migraine | <input type="checkbox"/> 25. Tuberculosis |
| <input type="checkbox"/> 4. Back problem | <input type="checkbox"/> 12. Epilepsy | <input type="checkbox"/> 19. Nose bleeds | <input type="checkbox"/> 26. Ulcers |
| <input type="checkbox"/> 5. Bed wetting | <input type="checkbox"/> 13. Hay fever | <input type="checkbox"/> 20. Skin condition | <input type="checkbox"/> 27. Urinary tract infection/stones |
| <input type="checkbox"/> 6. Blackouts | <input type="checkbox"/> 14. Hearing disorders | <input type="checkbox"/> 21. Sleep walks | <input type="checkbox"/> 28. Visual impairment |
| <input type="checkbox"/> 7. Bleeding disorders | <input type="checkbox"/> 15. Heart trouble | <input type="checkbox"/> 22. Spasticity | <input type="checkbox"/> 29. Other (including physical disability) |
| <input type="checkbox"/> 8. Blood pressure | | | |

Details of medical condition and support required:

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

_____	_____	_____	_____
Parent/ Guardian (Applicant)	Date	Parent/ Guardian	Date

SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ABOVE IN ANY WAY, PRIOR TO DEPARTURE FOR THE CUBOREE, IT IS YOUR OBLIGATION TO ADVISE THE CUBOREE SECRETARY IMMEDIATELY OF SUCH CHANGE.

AGREEMENT, ACTIVITIES AUTHORITY AND INDEMNITY

I, *(print full name)* _____ (“Applicant”) wish to be considered for selection to attend the 3rd New South Wales Cuboree.

I understand the Cub Promise and Law and I agree to abide by the rules and regulations of the 3rd New South Wales Cuboree. If an Adult or Venturer I agree to permit a Police check on myself. I understand that still and video photography of people and events will take place at the Cuboree and that this material may be used without permission or payment to promote Scouts Australia.

I understand that in respect to the Cuboree and of the personal details provided in this application the privacy policy of Scouts Australia, New South Wales applies.

IN CONSIDERATION of the Scouts Australia, New South Wales State, accepting this application for the 3rd New South Wales Cuboree,

I/We: _____
(Both parents, or guardians or applicant 18 years or older to print name)

- acknowledge that the activities conducted at the Cuboree 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 Cuboree 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 Cuboree, or when travelling to and from the Cuboree.
- authorise the Association in the event of any injury or illness occurring in connection with any activity connected with the Cuboree 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 Cuboree Camp Chief or Cuboree Director, the Applicant may be returned home by the most direct means at my expense.
 No claim can be made by me for compensation in lieu of uncompleted activities.

WATER ACTIVITIES AUTHORITY – Cub and Scout Applicants

It is important that you be satisfied with the accuracy of your answers to the following questions as it is not possible for the Association to individually assess each Youth Member’s capabilities to safely participate in all Cuboree activities. All of the questions below must be answered.

Swimming activities at the Cuboree will include (subject to availability) swimming in pools.

Do you agree to the Applicant taking part in swimming activities planned for the Cuboree? Yes No

Are you confident that the applicant is able to swim a minimum of 50 metres and is able to stay afloat for three minutes without the aid of a personal flotation device? Yes No

PARENTS/GUARDIANS/APPLICANT

- I/We request that you consider this application to attend the 3rd New South Wales Cuboree.
- I/We agree to pay the necessary deposit.
- The Medical Statement has been completed correctly to the best of my knowledge.
- I/We acknowledge the existence of the indemnity within this application form that it has been drawn to our attention that I/we have read and understand the nature and effect of the indemnity and I/we agree to abide by the above statement of agreement, indemnity and authority.

Applicant	Date	Parent / Guardian <i>(if applicant under 18 years:</i>	Date	Parent / Guardian <i>(if applicant under 18 years)</i>	Date
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(Both Parents or Guardians to sign where possible or where required under custody provisions)

RECOMMENDATIONS (Please sign)

In recommending this application I certify that this Applicant is a fit and proper person to attend the Cuboree, and I have personally checked this application for accuracy and completeness.

Cub, Scout or Venturer Leader:		Group		Date	
Group Leader:		Group		Date	
RC Cub Scouts:		Region			
Appropriate Commissioner				Date	
State Headquarters:				Date	

OFFICE USE
 Cuboree
 Registration No.