

Participant Application Form

Please complete all sections to enable information to be accurately entered into the system

PERSONAL DETAILS

| | | | |
|--|--|--------------|---------------|
| SURNAME | | GIVEN NAMES | |
| PREFERRED / SCOUT NAME | | GENDER (M/F) | DATE OF BIRTH |
| ADDRESS | | | |
| | | | POSTCODE |
| CONTACT PHONE NUMBER | | EMAIL | |
| VENTURER UNIT / SCOUT GROUP | | | |
| VENTURER LEADER (Name): | | | |
| Leaders Endorsement of Application (signature) | | | |

Are You a Registered Financial member of Scouts Australia (SA Branch)? YES
 NO

CONTACT DETAILS FOR PARENT/GUARDIAN / EMERGENCY CONTACT

Are there any custody issues of which your child's Leader should know? YES
 Please discuss these with your Leader. NO

| | PARENT 1 / CONTACT 1 | PARENT 2 / CONTACT 2 |
|---------------|----------------------|----------------------|
| NAME | | |
| ADDRESS | | |
| CONTACT PHONE | | |
| MOBILE PHONE | | |
| EMAIL | | |

DIETARY REQUIREMENTS

Does the applicant have any special dietary requirements? (For health, religious or cultural reasons only)
Please provide details on a separate sheet. If confidential attach in a sealed envelope

| | | | | | |
|------------|--------------------------|-------------------------|--------------------------|-------------|--------------------------|
| Vegetarian | <input type="checkbox"/> | Vegan | <input type="checkbox"/> | Halal | <input type="checkbox"/> |
| Kosher | <input type="checkbox"/> | Lactose / Dairy Free | <input type="checkbox"/> | Gluten Free | <input type="checkbox"/> |
| Diabetic | <input type="checkbox"/> | Other (please specify): | <input type="checkbox"/> | | |

Health and Welfare

| | |
|----------------------|--------------------------------|
| Medicare Number: | Ambulance Fund: |
| Private Health Fund: | Health Fund Membership Number: |

