

Venturer Leadership Course

19th - 21st May 2017



Venue: Adventurous Activities Centre
www.venturers.sa.scouts.com.au

Participant Application

Where and When?

- The Venturer Leadership Course is being held on Friday 19th and Sunday 21st May 2017
- The Course will start 7:00PM on the Friday and finish up at 4:00PM Sunday.
- Venue is the ScoutsSA, Adventurous Activities Centre, Anderson Avenue, GLENELG NORTH, SA 5045
- Please Note course is limited to 20 Participants so get your applications in as soon as possible. (Course needs a minimum of 8 participants to run)

Please Bring

- Uniform is required - You will need to wear it on Saturday night.
- Venturer Record Book
- Sleeping Gear (Sleeping Mat, Sleeping Bag, Pillow, Blankets)
- Pens/Pencils (you will be supplied with a workbook for taking notes)
- Dilly Bag (with Plate, Bowl, Cup & Cutlery + Tea Towel)

Fees

- The cost of the Leadership Course is outlined below
- Cheques / Money Orders should be made payable to 'Scouts SA (Venturer Section)'
- EFT is available: BSB: 105 011
 Acct #: 103 104 340
 Acct Name: Scouts SA (Venturer Section)
- Please use reference: LC1705-SurnameFirstname

Fee Type	Fee
Venturer	\$45

Withdrawals

Notification of withdrawal from a course or event must be made to the Leader-in-Charge handling applications for that course or event.

The Refund Policy is as follows:

- Withdrawal before the Closing Date: Full Refund
- Withdrawal more than 5 days before the course or event: Full refund less an administration charge
- Withdrawal less than 5 days before the course or event: No Refund
- Exceptional circumstances will be considered by the Leader-in-Charge for that course or event

How To Apply

- Please complete all sections of this application form
- Your Venturer Leader must sign the form.
- Parents / Guardians are to sign the permission section. Both persons to sign where possible, or where required under custody provisions.
- Forward the application form (excluding this information page) to:
Scouts Australia (SA Branch)
Venturer Leadership Course
P. O. Box 357
BROKLYN PARK SA 5032
- Deadline for applications is **Wednesday 10th May 2017**

Further Information

- All enquiries about the Venturer Leadership Course should be directed to
 - o James Carter
 - o Phone: 0434 633 402
 - o Email: leadership@sa.scouts.com.au

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 / NO
Please discuss these with your Leader.

	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

<input type="checkbox"/> Medicare Number:				Ambulance Fund:			
<input type="checkbox"/> Private Health Fund:				Health Fund Membership Number:			
ADD / ADHD	Autism / Asperger's	Migraine					
Allergy - Drug	Bed Wetting	Asthma					
Allergy - Food	Diabetes	Epilepsy					
Allergy - Insect	Heart Condition	Physical Disability					
Intellectual Disability	Other:						

Please provide details on a separate sheet. If confidential attach in a sealed envelope

Will the applicant be requiring any medication during the course YES / NO

Medication	Dose/Frequency	Illness/Condition

Tetanus Immunisation Date: _____

The Following Activities will be provided during the event. Please indicate Yes or No to allow your child to participate in the specified event.

**** If there is no indication your child will not be permitted to participate in that activity. *****

Type of Event	Consent			
Leadership Course Activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Walk in Neighboring Area	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PHOTO PERMISSION I consent to photographic / video images of me / my child being taken at Scout activities and being used for promotional purposes by and for Scouts Australia.

AGREEMENT AND MEDICAL AUTHORITY

I agree not to make a claim against The Scout Association beyond the level of insurance provided by their policies.

I authorise any member or other official representative of The Scout Association to obtain any medical or dental attention or treatment, or ambulance assistance, considered necessary (or expedient) for the applicant. I agree to reimburse The Scout Association for any expenses incurred as a result which are not covered by The Scout Association's insurance policies.

EXPLANATION OF SCOUT ASSOCIATION INSURANCE

Scouts Australia (SA Branch) maintains insurance policies designed to cover you during your Scouting service. You should consult with your Group Leader or relevant Commissioner to ascertain the exact level of cover of these policies.

EVENT POLICY AND RULES

Venturer Leadership Course will operate and function in accordance with the Policy and Rules of Scouts Australia (SA Branch) also in accordance with the General and Safety Standards and Procedures Policies. These Policies and Rules can be obtained by contacting Scouts Australia (SA Branch) Headquarters on 8130 6000.

APPROVALS

I / we consent to the named applicant attending the Venturer Leadership Course, including participating in events as marked above.

Parent / Guardian : _____ Date / /2017

Office use only:		
Receipt No.	Amount (\$)	Date