



# Adult Application When Attending an Activity

**A5**  
V20150216

## Use of this Form

This form is to be completed by all Adults who are attending a Scouting activity. The purpose is to ensure that the Leader in charge of the event is aware of the Adults emergency contact and current health details. The *Code of Conduct* referred to within this form, *is attached to this form at Page 2 for your convenience*. The *Code of Conduct* may also be downloaded from MyScout.

<b>Details</b>			<b>Membership Number</b>		
<b>Activity</b>		<b>Activity Date</b>			
<b>Name</b>		<b>Date of Birth</b>			
<b>Group/Section</b>		<b>Gender</b>		Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Phone</b>		<b>Email</b>			
<b>Working with Children Check Card Number, or Application Receipt Number (if required for this event)</b>					
<b>Expiry Date for Application Receipt Number</b>					
<b>Please confirm if you have reviewed and signed the Scouts WA 'Code of Conduct'</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Health Statement

The Leader in charge of this activity, to be advised of the Applicant's health and fitness, including any medication (with instructions) the Applicant will bring with them. For special dietary requirements, please provide examples (brand names etc) of what you are able to eat. Attach a separate sheet listing these requirements in detail. Alternatively you may wish to self cater.

<b>Known allergies</b>					
<b>Special dietary requirements (even if self catering)</b>					
<b>Medication (type / name)</b>		<b>Dosage</b>		<b>Frequency of Dose</b>	
<b>Other information (eg. ailments / disabilities)</b>					

## Immunisation

<b>Has the Applicant been immunised against Tetanus in the past 5 years?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Date of Immunisation</b>			
<b>If not, may the Applicant be given a Tetanus injection should the need arise?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Medicare No</b>		<b>Expiry</b>		<b>Ambulance Cover</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Private Health Fund Name</b>			<b>Fund Member Number (if applicable)</b>			

## Emergency Contact

<b>Name</b>					
<b>Relationship to Applicant</b>					
<b>Address</b>					
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>	
<b>Home Phone</b>		<b>Work Phone</b>		<b>Mobile Phone</b>	

## Applicant's Agreement

I, the Applicant, give permission for the Leader in charge of the activity to seek medical assistance for myself should the need arise and understand that I will be personally liable for any expenses which may be incurred.

<b>Signature of Applicant</b>		<b>Date</b>	
<b>Printed Name</b>			

## Approval (Note: the Leader in charge of this activity must sign approval for the Applicant to attend.)

I certify that I have checked the eligibility of the Applicant and the completeness of this application. I find that the Applicant qualifies in every respect and approve the Applicant as a participant.

<b>Leader in Charge of Activity (Signature)</b>		<b>Date</b>	
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# Code of Conduct for Adults in Scouting

V20150205

## Use of this Form

This Code of Conduct is expected of all adults, members and Associates, uniformed and non-uniformed, who work within the Movement, recognising that at all times they should act responsibly and exercise a Duty of Care.

**Applicants are to initial each individual code as a sign that they accept them.**

1.	Adults in Scouting respect the dignity of themselves and others.	
2.	Adults in Scouting demonstrate a high degree of individual responsibility, recognising that at all times their words and actions are an example to other members of the Movement.	
3.	Adults in Scouting act at all times in accordance with Scouting Principles, thereby setting a suitable example for all.	
4.	Adults in Scouting do not use the Movement to promote their own beliefs, behaviours or practices where these are not compatible with Scouting Principles.	
5.	Adults in Scouting act with consideration and good judgement in all interpersonal relationships both inside and outside Scouting..	
6.	Adults in Scouting respect everyone's right to personal privacy at all times. They take special care where sleeping, changing of clothing; bathing and ablutions are associated with any Scouting activity.	
7.	Adults in Scouting avoid unaccompanied and unobserved activities with youth members wherever possible.	
8.	Adults in Scouting, for their own protection, should avoid potentially compromising situations by ensuring, where reasonably possible, that at least two adults are in attendance whilst supervising and/or accompanying youth members.  It is recognised that in certain circumstances, it may be necessary for a Leader or adult, whilst acting responsibly and exercising their Duty of Care, to be alone with a youth member.	
9.	Adults in Scouting are committed to providing a safe environment for youth members participating in the Scout program, their parents or guardians and visitors.  That safe environment must be in accordance with Scouts Australia's policy of zero tolerance toward bullying, neglect, emotional, physical or sexual abuse of any kind.  Adults in Scouting recognise that abuse can take many forms and can be perpetrated through various mediums, including through technology, and will be alert to abuse in all of its manifestations.	
10.	Adults in Scouting must report any conduct seen or heard that does not comply with this Code of Conduct. Specifically, Adults in Scouting must report promptly any suspicion or allegation of child abuse of youth members in their care.  Where mandatory reporting is required, incident reports must be made to the Police or designated State/Territory Authority in accordance with State or Territory Law and the nominated Scouting person should be advised. In all other cases the incident must be reported to the nominated Scouting person who shall report any suspicion or allegation of child abuse to the appropriate authority.	

**I have read, understood and commit to abide by the Code of Conduct.**

<b>Signature</b>		<b>Date</b>	
<b>Printed Name</b>			