

 <p>Scouts WA</p>	<h1>Adult Application When Attending an Activity</h1>	<h1>A5</h1> <p>V20190403</p>
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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.

Details				Membership Number			
Activity				Activity Date			
Name				Date of Birth			
Group/Section				Gender		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address							
Suburb				State			
				Postcode			
Phone				Email			
Working with Children Check Card Number, or Application Receipt Number (if required for this event)							
Expiry Date for Application Receipt Number							
Please confirm if you have reviewed and signed the Scouts WA 'Code of Conduct'				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.

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

Immunisation

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

Emergency Contact

Name															
Relationship to Applicant															
Address															
Suburb								State				Postcode			
Home Phone								Work Phone							
								Mobile Phone							

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.

Signature of Applicant		Date	
Printed Name			

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.

Leader in Charge of Activity (Signature)		Date	
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Code of Ethics:**Integrity**

We demonstrate Integrity by:

1. Acting with honesty, truthfulness and fostering appropriate healthy professional relationships
2. Recognising and fulfilling where possible, our obligations to our community
3. Taking responsibility for our own actions and developing integrity in others
4. Acting with impartiality, truthfulness and honesty.

Respect

We demonstrate Respect by:

1. Showing consideration to others, recognising each individual's uniqueness and diversity
2. Minimising our impact on the environment and seeking to be good caretakers for future generations
3. Committing to members well-being and on-going learning through the practice of positive influence, good judgement and empathy in practice

Courage

We demonstrate Courage by:

1. Providing challenging, developmental opportunities to empower young people
2. Being good role models in Scouting, demonstrating positive attitudes and willingness to live by the Scout Promise and Law
3. Being fair and reasonable

Code of Conduct:

This Code of Conduct is a personal commitment. Its purpose is to protect all members of Scouting. It applies to all Members over the age of 18, regardless of location and role, when engaging with young people and adults in any form. This includes face to face and using technology such as online formats. Parents and guardians who wish to actively participate in Scouting must also follow this code.

I will set an example that I would wish others to follow. Therefore I will:

1. Respect the dignity of myself and others
2. Demonstrate a high degree of individual responsibility
3. Recognise at all times that my words and actions are an example to other members of the movement
4. Act at all times in accordance with the Promise and Law, Code of Ethics and this Code of Conduct, thereby setting a suitable example for all
5. Not use the Movement to promote my own beliefs, behaviors and practices where these are not compatible with Scouting Principles
6. Adhere to the Scouts Australia Child Protection Policy and provide a safe environment for youth members participating in the Scout Program, their parents or guardians and visitors
7. Report any conduct seen or heard that does not comply with this Code of Conduct to the appropriate Scouting person

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

Signature		Date	
Printed Name			