



# Application to Attend a Branch Activity or Event as a Non-Member (over 18 years of age)

**A9**  
V20210603

Page one of this form should be retained by the Applicant.  
Page two should be returned to the Events Administration Officer at [eventsadmin@scoutswa.com.au](mailto:eventsadmin@scoutswa.com.au)

<b>Activity / Event</b>	
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<b>Location</b>	
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<b>Start Date</b>		<b>Time</b>	
<b>Finish Date</b>		<b>Time</b>	

<b>Leader in charge of Activity / Event</b>			
<b>Appointment</b>			
<b>Email Address</b>		<b>Mobile</b>	

<b>Cost of Activity / Event</b>		<b>Payable to</b>		<b>By the (date)</b>	
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<b>This Activity / Event</b>	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	be under direct adult supervision
<b>This Activity / Event</b>	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	include water and swimming activities
<b>This Activity / Event</b>	WILL <input type="checkbox"/>	WILL NOT <input type="checkbox"/>	include adventurous activities as listed below

**Adventurous Activities to be undertaken as part of this Activity /Event**

**Additional Information**

Applicant should keep this page for reference and return page 2 to the Events Administration Officer at [eventsadmin@scoutswa.com.au](mailto:eventsadmin@scoutswa.com.au) by the time indicated. Additional information may be provided on a separate sheet e.g. maps etc.

**Payment Methods**

Please call or email the Events Administration Officer at (08) 6240 7700 or [eventsadmin@scoutswa.com.au](mailto:eventsadmin@scoutswa.com.au) to discuss payment options.

<b>Activity / Event</b>		<b>Start Date</b>	
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**Applicant Details**

<b>First Name</b>		<b>Middle Name</b>	
<b>Surname</b>		<b>Preferred Name</b>	
<b>Date of Birth</b>		<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<b>Phone</b>		<b>Mobile</b>	
<b>Address</b>		<b>Suburb</b>	
<b>Post code</b>		<b>Email</b>	
<b>Are you of Aboriginal or Torres Strait Islander origin?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Is English your first spoken language?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Child Protection Requirements**

<b>Please provide us with a copy of your current Working with Children Check Card (WWCC) Number, or Application Receipt Number</b> If required for this event. If unsure please contact Customer Service Officer at <a href="mailto:membership@scoutswa.com.au">membership@scoutswa.com.au</a> or (08) 6240 7700		<b>Expiry Date</b>	
<b>Please confirm you have reviewed and signed the Code of Conduct for Adults in Scouting on page 2</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>I acknowledge that Scouts WA has a Child Protection Policy which can be found at <a href="https://scoutswa.com.au/policies-procedures/">https://scoutswa.com.au/policies-procedures/</a> and further acknowledge that a breach of this policy can result in Scouts WA reporting me to the relevant authorities.</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>

**Medical Details**

Event organisers should be advised of the applicant's health and fitness, including any medication (with instructions) the applicant will bring with them. For special diets, please provide examples (brand names etc.) of what the applicant is able to eat. Attach a separate sheet listing these requirements in detail if required.					
<b>Permission to disclose medical information to the application?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Medication (type / name)</b>		<b>Dosage</b>		<b>Method of administration</b>	
<b>Known allergies</b>		<b>Reactions</b>		<b>Treatment</b>	
<b>Dietary requirements</b>					
<b>Other information (eg. ailments / disabilities)</b>					
<b>Has the applicant been immunised against Tetanus in the past 5 years?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Date Immunised</b>		
<b>If not, can 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 Date</b>			
<b>Private Health Fund Name</b>		<b>Member Number</b>		<b>Ambulance Cover</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Water Activities Authority and Agreement**

This activity / event may include swimming activities such as swimming in rivers, pools, lakes, water slides and snorkeling. Boating activities may include canoeing, kayaking, rafting, and sailing. If water activities are included as part of this event:	
<b>Do you agree to take part in the listed water activities?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you confident that you can swim a minimum of 50 meters and stay afloat for 3 minutes without the aid of a personal flotation device?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Are you confident that you are able to swim 50 meters dressed in shirt, shorts, shoes and a properly fitting personal flotation device and thereafter remain afloat?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Agreement and Scouts WA Liability Statement (Waiver)**

<b>Privacy Policy</b> Personal information is collected primarily for the purpose of considering your child's application for membership to Scouts WA and this information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy may be obtained by visiting our website at <a href="http://www.scoutswa.com.au">www.scoutswa.com.au</a> . At any time upon written request you may gain access to the information Scouts WA holds about you in accordance with the Privacy Act 1988 (Cwth) and the National Privacy Principles.
<b>Use of Images</b> By applying for membership it is accepted that photos or video footage of the applicant may be used for promotional purposes and on Scouts WA managed media channels. It is also accepted that it is impossible for Scouts WA to guarantee that photos will not be used on external sites.
<b>Medical Authority</b>

I further authorise any Member, employee or agent of Scouts WA, in the event of any accident or illness, to obtain medical assistance or treatment for the applicant as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.

I give permission for the applicant to attend the Scouting activity, including the listed Adventurous and Water Activities as described in this form and for the Leader in charge of the activity to seek medical assistance for the applicant should the need arise. I have read and agreed to the terms of the Scouts WA Liability Statement (Waiver) located at <https://scoutswa.com.au/policies-procedures/>

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

### Scouts WA Liability Statement Waiver

In consideration for being allowed to enter and participate in any activity or program at any place or site where any Scouts WA activity or program is conducted, the undersigned (**Member**) agrees as follows:

1. The Member understands that there are inherent risks associated with participation in any activity or program at any place
2. or site where any Scouts WA activity or program is conducted, ranging from minor injuries to serious injuries, such as paralysis, or death, and agrees to assume those risks. Whilst on approved Scouting activities, members of Scouts WA will continue to be covered by the Scouts WA insurance program.
3. The Member agrees to take care for themselves and others, and to immediately advise Scouts WA staff or members if they consider they are in danger, or may be unable to complete any activity without jeopardising their safety or the safety of others. The Member must not participate in any activity while under the influence of alcohol or drugs, and must refrain from behavior which could affect the Member's safety, the safety of others, or any equipment or devices being used in any activities.
4. The Member must comply with all reasonable directions and instructions given by Scouts WA members and its staff, including warnings or safety instructions for the use of all equipment and devices.
5. Except where required by mandatory operation of law, Scouts WA shall not be liable to the Member for any personal injury, death, loss or damage to property, or for any direct, indirect, special or consequential loss or damage suffered by them or any other person. This clause does not exclude any entitlement that Scouts WA members have under the Scouts WA insurance program whilst on approved Scouting activities and programs.
6. Scouts WA members have cover under the Scouts WA insurance policy whilst on approved Scouting activities and programs. The Member (on their own behalf and on behalf of their executors, successors, representatives, assigns, and next of kin) hereby releases, waives, and agrees to forego any claim they may have or may later acquire against Scouts WA, its officers, or employees for any liability arising from any occurrence at any Scouts WA activity center which leads to their personal injury or death, or any loss or damage to personal property including, without limitation, any direct, indirect, or consequential loss or damage that may arise from the same.
7. The Member agrees that they are 18 years of age or over. If not, their legal parent or guardian must sign this waiver on their behalf or, if they are not the legal parent or guardian, they agree that they sign this with the express permission of the child's legal parent or guardian.
8. The Member agrees to execute sign and execute this Waiver as a condition of participating in activities at Scouts WA activity centers. If the Member (or, if the Member is a child, a person authorised to sign on behalf of the Member) does not execute the Waiver then Scouts WA may refuse the Member entry to any Scouts WA activity center, and the Member may not participate in activities at these centers.
9. This Waiver is not intended to reduce, or invalidate, the insurance cover to members of Scouts WA engaged in approved Scouting activities and programs. That insurance cover operates separately. Although as a result of the waivers, Scouts WA itself may have no liability outside of its specific member insurance, its insurer may provide specific cover for specific events to Scouts WA members engaged in official Scouting activities, and in such circumstances Scouts WA's liability is limited to the amount of cover so pred.

**I have read and agreed to the terms of the above Liability Statement (Waiver)**

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

### Mutual Agreement

If this application is approved and the applicant becomes a member of Scouts WA, that member and Scouts WA are deemed to have entered into this Mutual Agreement.

#### The Association's Commitment to the Applicant provides:

- A defined organizational framework in which to operate, characterised by equity and fairness and a right to be heard.
- A personal development process that recognises existing skills and leads to enhanced personal and functional competencies.
- Consideration of individual needs in appointment.
- A variety of leadership roles in a team environment.
- The opportunity to contribute to the personal development of young people.
- Opportunities for community service.
- Appreciation for and recognition of individual contribution.
- Advice and access to programs and materials to carry out the leadership task.
- Public liability insurance for actions consistent with the policies of the Association.
- Opportunities for friendship and fellowship.
- Opportunities to participate in a wide range of activities.

**The Applicant's Commitment to the Association is:**

- To live by the Scout Law and Promise and to accept the Code of Conduct for Adults in Scouting.
- To work to achieve the Aim, Principles and Method of the Association.
- To represent and promote the Scout Movement to the community.
- To be a role model for youth members and adults.
- To accept the responsibility of working with young people (including duty of care, treating with respect).
- To accept the authority of the Association.
- To acknowledge that teamwork is the basis of Scouting, requiring active cooperation with others and respect for their views and values.
- To complete basic level training within 6 months and advanced level training within 3 years of accepting a uniformed Leadership role.
- To agree to abide by all Scouts WA policy and procedures.

Please note failure to comply with policy and procedures in their entirety (including reporting) will result in immediate investigation, and if breach proven, dismissal.

**I have read, understood, agree to and will comply with this Mutual Agreement.**

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

**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.**

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