



THE SCOUT ASSOCIATION OF AUSTRALIA, QUEENSLAND BRANCH Inc.

VENTURER SCOUT SECTION COURSE APPLICATION FORM

FORM: A57
ISSUE: 7
DATE: 12/12

The conduct of all courses is subject to sufficient applications being received by the published closing date.

NOTE: Personal and other information supplied by trainees will remain confidential.

Responses requested are sought to ensure that we meet individual trainee needs.

| | | | | | |
|---|--|--------|---------------|---|--|
| Family Name | | | Given Name | | |
| Preferred Name | | | Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Age at time of course | Yrs | Months | Date of birth | / / | |
| Address | <div>date</div> <div>month</div> <div>year</div> | | | | |
| Telephone - Home | | | Mobile | | |
| Email address <small>Please write in CAPITAL LETTERS</small> | | | | | |
| Group | | | District | | |
| Region | | | Branch | | |

Please complete below details of Course(s) for which you are now making an application:

Venturer Scout Unit Management Course:

| | | |
|------------|-------|-----------|
| Course No: | Date: | Location: |
|------------|-------|-----------|

Applicants must have been invested as a Venturer Scout before the course.

Venturer Scout Leadership Course:

| | | |
|------------|-------|-----------|
| Course No: | Date: | Location: |
|------------|-------|-----------|

Each Unit should have no more than two applicants on Leadership Courses.

Applicants must have had a minimum of six months experience as an invested Venturer Scout before the course.

What do you expect to achieve by participating in this course?

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| |
| |
| |

| Do you have any: | NO | YES | Please list if indicated YES |
|------------------------------|--------------------------|----------------------------|------------------------------|
| Dietary needs. eg vegetarian | <input type="checkbox"/> | <input type="checkbox"/> ➤ | |
| Allergies | <input type="checkbox"/> | <input type="checkbox"/> ➤ | |
| Medication | <input type="checkbox"/> | <input type="checkbox"/> ➤ | |
| Disabilities | <input type="checkbox"/> | <input type="checkbox"/> ➤ | |

Signature of applicant

Signature:

Date: / /

Signature of Parent/Guardian

I agree to my son/daughter participating in this course

Signature:

Date: / /

Signature of Venturer Scout Leader

I support this application

Signature:

Date: / /

Please turn over

Applicant's Name

Formation

EMERGENCY CONTACT

In the event of an emergency during the course, please contact:

Name

Relationship

Telephone

Mobile

Address

COURSE FEES

PAYMENT IS REQUIRED TO ACCOMPANY THIS APPLICATION

(No invoices will be raised to your Formation)

| | |
|---|--|
| Venturer Scout Leadership course \$65.00 | Venturer Scout Unit Management course \$25.00 |
|---|--|

PAYMENT METHOD

| | | | | | | | | | | |
|--|--|---|--|----------------------|--|---------------------|-------------------|-------------------|--|--------------------------------------|
| <input type="checkbox"/> Cheque | Cheques are to be made out to: Scouts Australia – Queensland Branch Inc | Payee: _____ Amount: \$ _____ Cheque No: _____ Bank: _____ | | | | | | | | |
| <input type="checkbox"/> Direct Deposit | Direct Deposit Bank Details: Account name: Scouts Australia – Queensland Branch Inc BSB: 034-010 Account: 156442 Bank: Westpac (Fortitude Valley) | Date paid: _____ Amount: \$ _____ | | | | | | | | |
| <input type="checkbox"/> Credit Card | Credit Card Policy: Credit Card payments can only be made with VISA or MASTERCARD. I authorise \$..... to be charged to the below credit card. <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <table border="1"> <tr> <td colspan="2">Card Number:</td> </tr> <tr> <td colspan="2">Name on Card:</td> </tr> <tr> <td>Expiry Date:</td> <td>Amount: \$</td> </tr> <tr> <td colspan="2">Signature:</td> </tr> </table> | Card Number: | | Name on Card: | | Expiry Date: | Amount: \$ | Signature: | | Date paid: _____ Amount: \$ _____ |
| Card Number: | | | | | | | | | | |
| Name on Card: | | | | | | | | | | |
| Expiry Date: | Amount: \$ | | | | | | | | | |
| Signature: | | | | | | | | | | |

The Scout Association of Australia Queensland Branch Inc. values the privacy of those with whom it deals. It will:

1. only collect and keep personal information necessary for its own purposes
2. only use personal information for the purposes for which the consent of the individual has been sought
3. take reasonable steps to ensure that personal information held is accurate, complete and up to date
4. provide access on request by individuals to the personal information held on them and correct anything that is inaccurate, incomplete or out of date.

As a matter of principle, The Scout Association of Australia Queensland Branch Inc. does not provide personal information (eg names and addresses) to third parties for use for commercial gain. This includes information obtained from recipients of its training or other services, members, customers, sponsors or donors.

The implementation of this policy will be in accordance with the National Privacy Principles and State/Territory Government privacy requirements.

REFUND POLICY:

The full course fee is payable in advance prior to attending the course. In the event of a trainee withdrawing from a course, monies paid will be transferred to a similar course in the future. If a course is cancelled by the Branch Commissioner Venturer Scouts the monies paid will be transferred to a similar course in the future.

Applications and payments should be forwarded direct to Scouts Queensland at:

PO Box 520 Toowong 4066
Phone (07) 3870 7000

32 Dixon Street Auchenflower 4066
Fax (07) 3870 4960

E-Mail: training@scoutsqld.com.au
Free Call (for country callers): 1800 072 688