

Scout Application Form



Name :

Address :

Home phone No:

Scout mobile phone No :

Age : Date of Birth :

Joining Date

Scout History : years

School : Religious denomination:

Medical conditions :

Allergies (bee stings, penicillin etc.)

Asthma

Anti tetanus YES / NO

Other

Dietary Problems

Hobbies

Sports

Swimming Ability

Comments

Mother/ Guardian Occupation

Email Mobile

Father/ Guardian Occupation

Email Mobile

PRIVACY ACT In compliance with the privacy act the following is brought to your attention :-

- a) This form collects personal information about you and your child.
b) The information is collected :-
1 to enable enrolment into the Scout Movement
2 to make arrangements for your childs participation and welfare.
c) The information is being collected by the Scout Group which is part of the Scout Association of New Zealand. It will form part of a directory of Scout personnel and membership records.
d) The information may be held and stored electronically by The Scout Association of New Zealand
e) You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.