



Scouts Australia – ACT Branch

89 Kitchener St, Garran ACT 2605
T 02 6282 5211 F 02 6260 5089
admin@scoutsact.com.au
scoutsact.com.au

Office use only:
Membership Number:

**Passport style
photograph must be
inserted here:**

APPLICATION FOR APPOINTMENT AS AN ADULT MEMBER

An Adult Member includes all adults over the age of 18 seeking membership of Scouts ACT.

Please tick appropriate box:

Adult Leader	Rover Scout	Venturer Scout (18 Years)	Scout Fellowship	Adult Helper	Group Support Committee	Adult Supporter	Other

APPOINTMENT SOUGHT

NAME OF GROUP, CREW, FORMATION etc:	SECTION:	POSITION:

DETAILS OF APPLICANT

TITLE:	SURNAME:	GIVEN NAMES:		
HOME ADDRESS:			POST CODE:	
E-MAIL:			TELEPHONE:	
POSTAL ADDRESS:				POST CODE:
OCCUPATION:	TELEPHONE:	MOBILE:	Gender:	D.O.B:

PREVIOUS SERVICE IN SCOUTING OR GUIDING OR SERVICE IN SIMILAR ORGANISATIONS AND/OR COMMUNITY ACTIVITIES: Please include details (Branch, Group, and Section) of any previously held Adult membership or appointments and youth membership, including all dates. If insufficient space, please attach second sheet.

WORKING WITH VULNERABLE PEOPLE CARD

A copy of your ACT Government "Working with Vulnerable People" (WWVP) card **MUST** be provided before an Applicant can be accepted and registered as an Adult Member. Please choose how you intend on showing proof of your card.

I already have a WWVP card, attached is a copy with this application

I do not have my card yet and I am aware that my application cannot be processed until a copy of my card is received by Scouts Australia ACT Branch Office

I heard about Scouting from (please specify)

REFEREES

All Applicants for Adult membership are required to nominate two referees to whom enquiries, as to suitability, as a Member can be made. Applicants should be known to their referees for at least two years and cannot be relatives. Only one referee may be a current Adult member of Scouting. Interstate transfer applications should include a referee report from their previous District/Region Commissioner and from their Group Leader or equivalent. Referee reports must be provided before an Applicant can be accepted and registered as an Adult Member.

NAME:	ADDRESS:	POSTCODE:	TELEPHONE:
EMAIL:			
NAME:	ADDRESS:	POSTCODE:	TELEPHONE:
EMAIL:			

CONDITIONS FOR ACCEPTANCE OF ADULT MEMBERS

PART A - Release and indemnity:

1. I am aware that the Association is not responsible for any injuries or damage to property which may occur in circumstances where the Association has not been negligent. I am aware that it is also a condition of joining the Association and participating in its activities that I release and indemnify the Association in respect to any injury or damage in any circumstances where the Association is not indemnified by a policy of insurance.
2. In consideration of being permitted to:
 - (a) join the Association;
 - (b) participate in activities organised by or for the Association; and/or
 - (c) use the equipment and facilities provided by or for the Association;

I hereby:

- (a) for myself, my heirs and assigns release and forever discharge; and
- (b) agree to be liable for and to indemnify;

the Association, its officers, leaders, employees, agents and contractors, whether voluntary or paid workers (the "beneficiaries"), jointly and severally from and against any loss, damage or liability and all actions, suits, claims, costs and demands arising out of or concerning any accident, illness, injury, death, loss or damage to persons or property which occurs to me or to any other person during or as a result of my participation in any activity or function connected with the Association and when travelling to or from any such activity.

3. This release and indemnity does not extend to any loss, damage, liability, action, suit claim, cost or demand to the extent that the beneficiaries may claim indemnity under any insurance policy held by the Association, and the relevant insurer has agreed or been ordered to provide indemnity.

PART B - Authority to obtain necessary medical treatment

4. I authorise the beneficiaries to obtain any medical assistance which in the opinion of the beneficiary I require, including hospital accommodation, in the event that I suffer any accident or illness and am unable to consent to such treatment on my own behalf.
5. In the event that medical expenses are incurred which the beneficiaries cannot claim under any policy of insurance, I agree to pay for those expenses.

PART C – Application

6. I hereby apply for appointment as an Adult Member in the Scout Association of Australia (ACT Branch Incorporated).
7. I agree to abide by all policies and rules now in force or which may be issued by The Scout Association of Australia, or the Australian Capital Territory Branch of the Association (<https://www.scoutsact.com.au/policies-and-procedures.html>) and <https://scouts.com.au/blog/2018/02/21/policy-rules-updates/>), and to return my Certificate of Adult Membership and/or Appointment, if issued, and any other Scout property when I cease to perform the functions for which the Certificate of Adult Membership and/or Appointment is issued, or when called upon to do so by the competent authority. I acknowledge that only an Adult Leader who has been authorised through the issue of Certificate of Adult Appointment may take charge of a Section or any part of a Section or of Youth Members.

8. I acknowledge that I have read and understood and that I agree to the terms of the following which can be read in detail from the National Policy and Rules:
- Code of Conduct;
 - Mutual Agreement; and
 - Code of Ethics.
9. I authorise the Association to make any inquiries about my character, background and suitability for appointment as an Adult Member.
10. I agree to the Release, indemnity and authority to obtain necessary medical treatment.
11. I further agree and acknowledge that:
- I will do my best to live by the Scout Promise and Law;
 - Any photographic image taken of me at a Scouting activity may be used in any electronic or hard copy Scouting publication.
 - The e-mail address that I have provided will be connected to ScoutsIT for the purpose of internal Scouting communication.
 - My personal details may be used by Scouts Australia and its Branches in accordance with the Branch Privacy Policy.
 - Should my membership be cancelled for any breach of the Code of Conduct, this will be made available to Scouts Australia and its Branches.

12. Please answer Yes or No to the following questions:

- Have you ever been found guilty of an offence of any sexual nature in Australia or in any other country?
- Have you ever been charged, reported or defended in a court of law any allegation of sexual abuse, assault or a sexual offence of any kind in Australia or in any country?
- Have you ever been (or are you currently) subject to any restrictions regarding your contact with Children in any employment, volunteer, or personal capacity (other than Child visitation rights as part of a Divorce Agreement)?
- Have you ever been dismissed or resigned as a volunteer or employee (or reported by an authority) for improper conduct relating to Children in any jurisdiction?
- Have you been named as a defendant in an intervention order, restraining order, apprehended violence order or domestic violence restraining order, or equivalent, in any jurisdiction?

Yes	No

Please provide details if you answered Yes to any question in paragraph 12.

Signature of applicant

Date:

Recommended by the applicable Scouting Manager (Group Leader, Venturer Leader, Crew Leader, Commissioner etc)

Signature

Date:

Name:

Role:

And a Representative of the Group Support Committee (as applicable).

Signature

Date:

Name:

Role:



Adult Review and Development Plan

Member's Name:	Appointment:
Contact Phone:	Section:
Scouting Manager:	Formation:
Records Check: I have reviewed my Extranet printout and there are/ are not amendments indicated on attached sheet.	

Purpose of Plan

Review of Appointment	Change or new appointment	Change in Duties
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Plan Period: From _____ to _____

Parts 1 & 2 (only) are optional for all new Members

1. **Self review** – Place a where you rate yourself

Development area	Excellent	Very Good	Good	Fair	Scout manager assessment
Personal Example (Duty to God, Promise & Law, Uniform)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Work (working with Team members in your Formation and other Scouting Teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership (eg working with others, style, delegation to youth members etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships (eg with other leaders, parents, community, youth members etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development (eg development of knowledge skills associated with role)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational skills (eg activities have <u>you</u> arranged: camps, outings, special program nights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Progress and Achievement Review

What have you achieved in your role?
What do you believe you still need to do?
What personal development did you complete in the past 3 years (Scouting and non Scouting)?
Comment on your satisfaction with your current role including the support you have received.



3. Plan for the Future

What are you going to achieve in your role in the next 12 months?

Goal 1
Goal 2
Goal 3

4. Personal Action Plan

What is it you would like to do for your own personal development and how can the Movement assist you to meet these needs?

I would like to do (including if change of role is requested):

The Movement can assist me by:

5. Scouting Manager’s comments and recommendation (Renewal, Reassignment or Retirement):

If Re assignment or Retirement is recommended, detailed justification is required.

Member’s comments if AR&DP is not accepted

Signature of Member:

Signature of Scouting Manager:

Date AR&DP completed:

Signature of Region Commissioner or Assistant Chief Commissioner as appropriate:

Appointments Committee use only	Date received
Closure – AR&DP placed on Member’s personal file	



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Application for Adult Membership - Referee Report

Applicant's Name:

This Referee Report must be completed personally by the Referee who shall not be a relative or a member of the Applicant's Scout Group or Team.

1. Relationship to Applicant (e.g. friend, mentor work colleague etc):		
2. How long have you known the Applicant (2 year minimum is mandatory):		
3. Is the Applicant able to positively relate to other adults? If No why:	Yes	No
4. Is the Applicant able to positively relate to young people under the age of 18? If No why:	Yes	No
5. Is the Applicant able to work as a member of a small team? If No why:	Yes	No
6. If you have children, would you be prepared to leave them in the sole care of the Applicant? If No why:	Yes	No
7. Do you know of any reason why the Applicant would not be a suitable Leader? If Yes, why:	Yes	No
8. Briefly comment on the Applicant's overall character:		
Referee's signature	Name Phone Number	Date
Group Leader name		



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3. Is the Applicant able to positively relate to other adults? If No why:	Yes	No
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5. Is the Applicant able to work as a member of a small team? If No why:	Yes	No
6. If you have children, would you be prepared to leave them in the sole care of the Applicant? If No why:	Yes	No
7. Do you know of any reason why the Applicant would not be a suitable Leader? If Yes, why:	Yes	No
8. Briefly comment on the Applicant’s overall character:		
Referee’s signature	Name Phone Number	Date
Group Leader name		



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Training Plan

Applicant:	Section:
Group:	Position:

Agreed Dates for:

e-learning training, including Basic Core and Basic Sectional Techniques (or Leaders of Adults) theory, to be completed by

Scouting Skills Day, held at Camp Cottermouth

Basic Sectional Techniques, held at Camp Cottermouth

Leaders of Adults Administration

Assessment Manual, for Appointment as an Adult Leader, will be completed by

Your Group Leader (or Scouting Manager) is your Personal Leader Adviser:

Name: **Phone No:**

I understand the training requirements that I will need to undertake. I will submit Training Application forms 2 weeks prior to courses and to the best of my ability, I agree to complete my basic training within 6 months of my Leader Appointment, or if not possible, within 12 months

.....
Applicant's Signature Date

I agree with the Training Plan and will ensure that the applicant is supported to achieve these training outcomes.

.....
Group Leader/Scouting Manager's Signature Date

I agree with the Training Plan and will ensure that the applicant is supported to achieve these training outcomes.

.....
Commissioner's Signature Date

