



SCOUTS AUSTRALIA—VICTORIAN BRANCH

PERSONAL INFORMATION RECORD

(Please fill in the details with dark coloured ink)

Registration Number:

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Event: _____ Date/s of Event: _____

NAME: Surname: _____ Given / Preferred Name: _____

HOME ADDRESS: _____

Suburb: _____ Postcode: _____ Telephone No. _____

PERSONAL:

Date of Birth: _____ Age at Activity: _____ Gender: Male ☐ Female ☐Medicare No: _____ Ancillary Benefits Cover: Yes ☐ No ☐

Family sequence No. _____ Medicare Card expiry date: ____/____/____ Ambulance Ins Number _____

Private Health Insurer: _____ Private Health Ins Number _____

GROUP

DETAILS

SECTION _____

GROUP _____

DISTRICT _____

REGION _____

EMERGENCY USE: Details of the Parents/Guardians where they can be contacted during the activity

NAME: _____ Relationship: _____

ADDRESS: _____

Suburb: _____ Mother's Mobile: _____ Home: _____

Postcode: _____ Father's Mobile: _____ Business: _____

In an emergency, if we cannot contact you, whom else can we contact? Name & Relationship: _____ Phone: _____

HEALTH STATEMENT

If the participant suffers from any chronic or recurrent ailment, allergy or physical incapacity, it should be disclosed so that we are aware of the fact

A. Does the participant suffer from any physical or other disabilities or ailments?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____
B. Does the participant suffer from Asthma? <input type="checkbox"/> Severe / <input type="checkbox"/> Mild Diabetes? <input type="checkbox"/> Type 1 / <input type="checkbox"/> Type 2 Epilepsy? <input type="checkbox"/> Severe / <input type="checkbox"/> Mild Dizzy Spells or Black outs? _____ Bed Wetting? _____ Sleep Walking? _____ Travel Sickness? _____ Migraine Headache? _____	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No	Explanation/Medication: _____ _____ _____ _____ _____ _____ _____ _____
C. Does the participant have any known Allergies? ie Penicillin, bee sting, bites, egg, hay fever, other food, drug or other environmentally related allergy.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____
D. Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, Insulin, Ventolin, Epipen®, other drugs	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Name of Drug: _____ Dosage: _____ Reason or Cause _____ How Often Administered: _____ Administered by Whom _____

In the case of a Youth Member, please hand the medication—CLEARLY labelled with the child's name & dosage instructions—to the Leader in Charge of the Youth Member

E. Is there any further information you consider to be important and about which we have not asked above and of which we should be aware (including special dietary requirements) : ☐ Yes / ☐ No If Yes, please specify _____F. Analgesics : In the event of your child requiring the administration of an analgesic (eg. Panadol),, do you **HEREBY CONSENT** to your child being given the recommended child dosage of Paracetamol or Panadol?☐ Yes / ☐ No If YES, please sign here: _____

G. Details of last Anti-Tetanus injection: Year of Original Injection _____ Year of last booster injection _____

I hereby **Authorise** the Leader in Charge of the above activity, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby **Consent** to such treatment. I have read and understand the Privacy Notice overleaf.

Date : _____ Signed: _____ (Parent / Guardian)

This form is to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave.

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PRIVACY NOTICE

Scouts Australia – Victorian Branch (the **Branch**)— Victorian Branch (the **Branch**) respects your privacy. The Branch collects personal information in order to process applications, support Adult Leaders or Supporters or Youth Leaders or others in leadership roles in their roles and to offer and administer scouting events and services. This includes using the information to communicate with members, leaders, supporters, youth helpers, and their parents and guardians, to conduct research, and to improve scouting activities and services. We may also collect sensitive information such as health information (to protect health and safety and process claims under insurance), the trade or professional skills of parents and guardians (who may be able to help in scouting events and activities), and information about character and background (including police checks) to help assess suitability for leadership roles.

Your personal information may also be used to send you information about scouting or other products, services and activities offered by the Branch or other organisations (unless you let us know you do not want to be contacted for these purposes). Please note that if you provide us with your email address or your mobile or other phone numbers, your email address or phone numbers may be used to communicate with you (until such time as you tell us you would prefer not to receive any communications through a particular channel or generally).

For the purposes described above, the Branch may disclose your personal information to other members, helpers and leaders, and to Branch staff, the national body of The Scout Association of Australia and other state or territory Scouts Australia branches or organisations, our respective agents and service providers (such as mailing houses), as may otherwise be required or authorised by law, or where you have otherwise consented.

Please note that:

- photographs of members, youth helpers and youth and adult leaders and other participants in scouting events may be published in the Branch's or other scouting publications or on our website; and
- the names and contact details of leaders, supporters and instructors may be published on Scout websites or in other scout publications to facilitate communication,

unless you tell us beforehand if you have concerns about such publication.

Individuals have certain rights to access their personal information held by the Branch. If you would like to request access to your information or let us know that you do not wish your photograph or (if you are a leader, supporter, or instructor) contact details published, or to let us know your contact preferences, or simply if you have any privacy queries, please contact: **The Privacy Officer, Scouts Australia, Victorian Branch, P.O. Box 774, Mt Waverley 3149. Phone (03) 8543 9800, Fax: (03) 8543 9899, Email: privacy.officer@vicscouts.asn.au.**

Please read the Branch's Privacy Policy at www.vicscouts.asn.au for more detail about the Branch's privacy practices.

Notes:

1. *In the case of a child, it is a Parent's responsibility to ensure that the Association is immediately notified in writing of any potential long-term effects of an injury or illness resulting from a scouting activity in which the child participated.*
2. *In the case of an Adult, it is his or her responsibility to ensure that the Association is immediately notified in writing of any potential long-term effects of an injury or illness resulting from a scouting activity in which he or she participated.*