



# Family Support Fund Group Leader Reference



## APPLICANT'S (the Scout's) DETAILS

APPLICANT SURNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
APPLICANT FIRST NAME \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_

## SCOUT GROUP DETAILS

Joey Scout    Cub Scout    Scout    Venturer Scout    Youth Helper    Other (Please Specify)

Membership Type: \_\_\_\_\_

with \_\_\_\_\_ **Scout Group**  
of \_\_\_\_\_ **Region**

GROUP LEADER NAME \_\_\_\_\_  
GROUP LEADER PHONE NUMBER \_\_\_\_\_ MEMBER NUMBER \_\_\_\_\_  
GROUP LEADER EMAIL \_\_\_\_\_

## INFORMATION AND COMMENTS

(a) Provide information on the nature of the family

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Please detail any special circumstances that would support this application. In particular, verify / confirm / accept / reject / detail the alleged financial stress claimed by the applicant's family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Please provide a reference for the applicant and the attributes of Scouting that they demonstrate?

\_\_\_\_\_  
\_\_\_\_\_

(d) What financial assistance **has** the Scout Group provided to the applicant?

(e) Moving forward, what financial assistance **can** the Scout Group provide to the applicant?

(f) If an existing member, **how has** the Carer/Guardian/Family contributed to your Group?

\_\_\_\_\_  
\_\_\_\_\_

(g) Moving forward, in what ways **could** the Carer/Guardian/Family contribute to the Scout Group?

\_\_\_\_\_  
\_\_\_\_\_

(h) Do you support the Applicant's application for financial assistance?                      Yes                      No

## PROVIDE ANY OTHER INFORMATION TO SUPPORT YOUR RECOMMENDATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Privacy Agreement:

I have received a copy of, or am aware of, the Scouts [NSW Privacy Policy](#), and I consent to the information collected on this form to be used in accordance with the rights and obligations set out in that policy. Also, I acknowledge that any third party, about whom information on this form has been provided by me, has been informed of the Association's collection of their information and that they are aware of the Scouts NSW Privacy Policy. I accept that Scouts NSW may use electronic signatures as part of their processes. Compliance with the Code of Conduct is expected of all adults, members and Associates, uniformed and non-uniformed, who work within the Movement, recognising that at all times they should act responsibly and exercise a Duty of Care. I agree to accept the Scout Promise and Law and be guided by the Policies and Rules of the Association and Scouts Australia NSW

Branch.

All current policies are available from the Scouts NSW website [www.nsw.scouts.com.au](http://www.nsw.scouts.com.au) .

I understand that information on Family Support Fund Grant Applications and References are to be treated with strict confidentiality and will only be viewed by relevant persons in the Group leadership team and the Family Support Fund Management Committee.

SIGNED: \_\_\_\_\_ (GROUP LEADER) DATE \_\_\_\_\_

**TIP:** Save this PDF form **before** signing. Once signed, the form becomes locked for editing.

**For further information on the Family Support Fund please contact:**

Family Support Fund: [FSFHelp@nsw.scouts.com.au](mailto:FSFHelp@nsw.scouts.com.au)  
or  
Contact Scouts Australia NSW: 02 9735 9000

**When complete, please email form to:**  
[FSF@nsw.scouts.com.au](mailto:FSF@nsw.scouts.com.au)

or Post To: Family Support Fund  
Scouts Australia NSW  
Reply Paid 125  
LIDCOMBE NSW 1825

### GUIDANCE TO COMPLETING THIS FORM

The Family Support Fund has received an application for financial assistance on behalf of a child within your Group and asks that you please complete this form.

Accordingly, could you please speak with the Primary Carer / Guardian to confirm in your mind that financial assistance is appropriate? Importantly please confirm to yourself / justify / accept / reject etc the financial hardship claimed by the Carer/Guardian.

Importantly if after your discussion with / observation of the family you believe that a true financial hardship case is not evident please briefly, indicate as such in this document and upon receipt the FSF we will contact the family explaining our funds can't 'stretch that far' and close the file. This will of course make the limited 'pool of funds' available for other children in need of support.

Thanks for your insight and feedback, which is instrumental in the success and stability of the FSF.

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