



Application for Dual Appointment

FORM
A13
FEB 2020

PERSONAL DETAILS

MEMBERSHIP NO

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Title (e.g. Dr, Mr, Mrs)

Family Name

First Given Name

APPOINTMENT DETAILS

APPOINTMENT CURRENTLY HELD

Appointment

Formation

Region

(eg. 1st Haberfield Cub Scout Pack "Koala")

DUAL APPOINTMENT APPLIED FOR

Appointment

Formation

Region

For Activity Leaders and Leaders of Adults – Appointment Area

(eg. Canoeing, Centre Management)

ASSESSMENT OF REQUIRED SKILLS

For a dual appointment to be effective it is the responsibility of the recommending Commissioner (District / Region / State Commissioner) to be satisfied that the applicant has the necessary skills to carry out the duties of their dual role. There are two methods to assist in this process:

1. Completion of Basic Adult Leader Training relevant to the Dual Appointment. (Refer to the Adult Training & Development Calendar) OR
2. An assessment of the skills of the applicant by the appointing Commissioner. To facilitate this process a guide is attached as an alternative when making this decision.

What is important is that both the applicant and their recommending Commissioner are satisfied that they are suitably qualified to perform the functions of the dual appointment.

ENDORSEMENTS

I certify that I have the necessary skills to carry out my responsibilities for the dual appointment that I am seeking and I agree to be bound by the same conditions as applied to my original Application for Adult Membership.

Signature of Applicant

Print Name

Date

I certify that I am satisfied that the applicant has the necessary skills and an awareness of their Duty of Care responsibilities for the dual appointment they are seeking.

Signature of recommending Commissioner

Appointment

Print Name

Date

REGION ENDORSEMENT (to which Dual Appointment Applies)

NOTE: If the member is from another Region, the Region to which the dual appointment applies must consult with the other Region before the dual appointment is endorsed.

Signature of appropriate Commissioner

Appointment

Print Name

Date

Signature of Region Office Manager

Date

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