|  |  |  |
| --- | --- | --- |
|  | **Transfer of Adult Application** | FORM**A3**Oct 2023 |

|  |
| --- |
|  |
| Membership No. |  |  |  |  |  |  |  |  |
|  |
| Surname |  | Given Names |  |
| Postal Address |  |
| Town/Suburb |  | State |  | Postcode |  |

**PERSONAL DETAILS**

**APPOINTMENT DETAILS**

|  |
| --- |
|  |
| **APPOINTMENT CURRENTLY HELD** |
| Appointment |  |  |
| Formation |  | Region |  |
|  | (eg. 1st Haberfield Cub Scout Pack "Koala") |  |
| **APPOINTMENT APPLIED FOR** |
| Appointment |  |  |
| Formation |  | Region |  |
| For Activity Leaders and Leaders of Adults – Appointment Area (e.g. Canoeing, Centre Management) |

# ENDORSEMENTS

# *I certify that I have the necessary skills to carry out my responsibilities for the 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 |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature of Group Leader |  | 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 appointment they are seeking.*

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| --- |
| **IN THE CASE OF A GROUP LEADER TRANSFERRING PLEASE INDICATE THE NAME OF NEW GL/LEADER -IN-CHARGE** |
| Name |       | Current Appointment |       | Temporary Appointment |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of recommending Commissioner |  | Appointment |       |
| Print Name |       | Date |       |

**REGION ENDORSEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of appropriate Commissioner |  | Appointment |       |

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| Scouts NSW | Level 1, Quad 3, 102 Bennelong Parkway,Sydney Olympic Park, NSW 2127 | P O Box 125Lidcombe, NSW 1825 | Ph: 02 9735 9000E-mail: info@nsw.scouts.com.au |