

Scouts Australia NSW Level 1, Quad 3 102 Bennelong Parkway Sydney Olympic Park NSW 2127

P O Box 125 Lidcombe NSW 1825

Ph: 02 9735 9000 E-mail: info@nsw.scouts.com.au

APPLICATION FOR REGISTRATION AS A DEEP-SEA SCOUT

Deep-Sea Scouts are young adults who are members of the Royal Australian Navy, the Merchant Navy, or crews of ocean-going yachts, who have attained the age of seventeen years but who have not reached their twenty-seventh birthday and who are likely to be away from their normal place of residence for an extended period which would preclude them from active participation in a local Group or Rover Crew.

Within the NSW Branch - all Deep-Sea Scouts will belong to the Deep-Sea Rover Crew.

Adults who hold no other appointment in the Movement may be appointed as Deep-Sea Scout Advisers. They will be responsible for, and act in an advisory capacity to, the Deep-Sea Scouts within the Deep-Sea Rover Crew. Advisers are to apply for membership and appointment in the same way as other Leaders, and therefore are not to complete this form.

Current Leaders in the State may be invited by the Chief Commissioner to perform a liaison role for visiting shipboard Deep-Sea Scouts in which case they may hold a second appointment as Port Liaison Officer for a nominated Sea Port in NSW and will be attached to the Deep-Sea Rover Crew.

| Membership No. (i | f applicable) | | | | | | | |
|---|-------------------------------|----------------|------|------------|--------------|--------|------|----------|
| Title (e.g. Mr, Mrs |) Family | Name | | Fu | ll Given Nam | es | | |
| Date of Birth | | Place of Birth | | | | | SEX: | M F |
| Preferred First Nan | ne (if different to first Giv | en Name | | | Marital St | tatus | | |
| Religion/Denomina | ation | | Nati | onality | | | | |
| Home Address | | Town/Sul | burb | | | State | | Postcode |
| Postal Address | | Town/Sul | burb | | | State | | Postcode |
| Occupation | | Position | | | Employer | | | |
| Work Address | | Town/Sul | burb | | | State | | Postcode |
| Home Phone | () | Work Phone | (|) | | Mobile | (|) |
| Home Fax | () | Work Fax | (|) | | E-mail | | |
| Name of Ship | | | Hon | neDepot/Ov | wners | | | |
| Name of Group/District/Region/Area/Branch/Country in which applicant was last a member | | | | | | | | |
| Previous Appointments held | | | | | | | | |
| Current Appointment held | | | | | | | | |
| A payment is required to accompany this application to cover the cost of registration, 1 scarf with badge, 1 metal wrist badge, | | | | | | | | |
| 2 shoulder badges, International Letter of Introduction. Please contact State Office for the current rate. | | | | | | | | |
| This registration is valid for 12 months only but may be renewed annually. | | | | | | | | |

MEDICAL AUTHORITY

I authorise any officer, member or servant of The Scout Association of Australia, New South Wales, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named applicant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

PRIVACY CONSENT

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 and through Scouting activities to be used in accordance with the rights and obligations set out in that policy. I also 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. A copy of the policy is available on our website www.nsw.scouts.com.au

| Signature | | Print Name | D | ate |
|--------------|-------------------------|---------------------------|---------|-----|
| Parent, Gua | rdian, or Applicant (if | over 18) | | |
| | | FOR STATE OFFICE USE ONLY | | |
| REGISTRATION | Date | | Expires | |
| | Approved by | | _ | |
| RENEWED | Date | | То | |
| | — | | _ | |