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| 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 |

**FORM C2 (DEC 22)**

**FORMATION OFFICE BEARERS AND DELEGATES RETURN**

**(excluding Rover Units)**

**INSTRUCTIONS:**

1. This form is to be completed by ALL Formations at their Annual Report Presentation (ARP) immediately following the appointment of   
   Office Bearers for the coming year.
2. This form is to be handed to the Region or State representative at the ARP.
3. Note that ALL Adult Helpers are required to submit an A2 Adult Helper Application.
4. The Region and State Office are to be notified immediately of any changes during the year.
5. Print CLEARY and in BLOCK CAPITALS

**SECTION “A” – FORMATION DETAILS**

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| FORMATION |  | REGION |  |

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| FORMATION LOCATION ADDRESS |  | POSTCODE |  |

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| FORMATION POSTAL ADDRESS (if different to location address) |  |

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| FORMATION COMMITTEE MEETING TIME | **Day** | **Time** | **Frequency** | **Location** |

**SECTION “B” - FORMATION EXECUTIVE OFFICE BEARERS**

**CHAIRPERSON** (Applicable to Group, Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
|  |  | |  | | |  | | | |  | | | |  | | | | | | | | |
| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**DEPUTY CHAIRPERSON** (Applicable to Group, Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**PRESIDENT** (Applicable only to District, Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**VICE PRESIDENT** (Applicable only to District, Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**SECRETARY** (Applicable to Group, District, Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**TREASURER** (Applicable to Group, District (where applicable), Region & Fellowship)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**SECTION “C” –FORMATION GENERAL OFFICE BEARERS**

**HONORARY AUDITOR** (Applicable to Group & Region)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**FUNDRAISING COORDINATOR** (Applicable to Group)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**PUBLIC RELATIONS OFFICER** (Applicable to Group & Region)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**SECTION “D” –FORMATION PROPERTY OFFICE BEARERS**

Applicable only to those Formations responsible for property.

**HALL BOOKINGS OFFICER: (**Ensure this is the same person specified on the “Property Data Acquisition Sheet”)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**TRUSTEE (1)**

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**TRUSTEE (2)**

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**SECTION “E” FORMATION DELEGATES**

The role of the Delegate is to represent the interests of the Formation at the next level of management in Scouting.

**DELEGATE (1)** (Group to District Executive (if applicable), District to Region Council / Executive, Region to State Council)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**DELEGATE (2)** (Group to District Executive (if applicable), District to Region Council / Executive, Region to State Council)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**DELEGATE (3)**

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If applicable. Include)

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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If applicable. Include)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If applicable. Include)

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| **TITLE** |  | | **LAST NAME** | | |  | | | | **GIVEN NAMES** | | | |  | | | | | | | | |
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| **PREFERRED NAME** | | | |  | | | **DATE OF BIRTH** | |  | | | **MEMBER No. (if applicable)** | | |  |  |  |  | |  |  |  |
| **ADDRESS** | |  | | | | | | | | | | | | | | | | | | | | |
| **TOWN/SUBURB** | | | | |  | | | **STATE** | | |  | | | | | **POSTCODE** | | |  | | | |
| **MOBILE PHONE** | | | | | **(**     ) | | | **EMAIL ADDRESS** | | | | |  | | | | | | | | | |

**SECTION “G” FORMATION DECLARATION**

|  |  |
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| **THE FORMATION ANNUAL REPORT PRESENTATION WAS HELD ON** |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF FORMATION RESPONSIBLE LEADER OR COMMISSIONER** | |  | | |
| **SIGNATURE** |  | | **DATE** |  |
|  | | | | |
| **NAME OF REGION REPRESENTATIVE** | |  | | |
| **SIGNATURE** |  | | **DATE** |  |