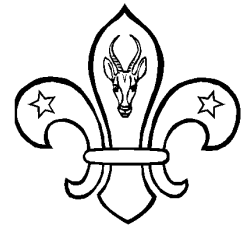




SOUTH AFRICAN SCOUT ASSOCIATION

AREA PLTU COURSE



STAFF INFORMATION FORM

RETURN TO: The Course Leader, Area Headquarters

FULL NAMES: _____

POSTAL ADDRESS: _____

_____ POST CODE: _____

TELEPHONE: HOME: _____ WORK or CELL: _____

RELIGION: _____ E-mail: _____

SCOUTING INFO: GROUP: _____

PRESENT RANK: _____

COURSES COMPLETED (PLTU, Wood Badge, etc): _____

AREAS OF SCOUTING SKILL, EXPERTISE: _____

OTHER INFO: T SHIRT SIZE

| | | | |
|-------|--------|-------|---------|
| SMALL | MEDIUM | LARGE | X-LARGE |
|-------|--------|-------|---------|

MARITAL STATUS: _____ DATE OF BIRTH: _____

SPECIAL FOOD OR DIET REQUIREMENTS: _____

ANY SPECIAL NOTES: _____

APPLICATION:
I, _____, hereby apply to be a staff member on the _____ PLTU Course.
SIGNED: _____ **DATE:** _____

NOTE: Scouts and Scouters who have not yet turned 21 years must have the attached Consent Form completed. (Printed overleaf)

I, _____, being the father/legal guardian of _____, a member of the _____ Group, hereby request you to allow him to take part on the _____ Patrol Leader Training Unit course to be held at _____ from _____.

I hereby appoint and authorise the Scouter in charge to act in my place as parent with full authority to consent to my son/daughter/ward undergoing surgical or other medical treatment. I undertake to pay the cost of such treatment. I fully understand and accept that all activities are undertaken at my son's/ward's own risk.

I am aware that neither the Scout Association of South Africa nor its Scouters accept responsibility for any loss, injury or damage that the person or property of my son/daughter/ward may sustain whilst engaged in any activity on the course and I waive any right that I or my son/daughter/ward may have to claim compensation against the Scout Association of South Africa or any of its Scouters or other members in respect of any loss, injury or damage incurred whilst engaged in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all such claims.

Address: _____

Signed: _____
legal guardian

Emergency Contact No. _____

Date: _____

Date: _____

Medical Aid Society: _____

Number: _____

(To be Completed by TS for scout staff only)

CONSENT BY TROOP SCOUTER

We the undersigned, hereby endorse the application from _____ from our Troop to attend the _____ Patrol Leader Training Unit Course as staff.

Signed: _____
Troop Scouter

Name of Troop Scouter

Date: _____