



Gilqua PLTU

STAFF INFORMATION FORM



RETURN TO: The Course Leader, Gilqua PLTU, P O Box 25, Goodwood, 7945
 OR
 admin@gilqua.co.za

FULL NAMES: _____

POSTAL ADDRESS: _____

 _____ POST CODE: _____

TELEPHONE: HOME: _____ WORK: _____

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	XX-LARGE
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MARITAL STATUS: _____ DATE OF BIRTH: _____

SPECIAL FOOD OR DIET REQUIREMENTS: _____

ANY SPECIAL NOTES (allergies etc.): _____

MEDICAL AID SOCIETY: _____ NUMBER: _____

EMERGENCY CONTACT NO. AND NAME: _____

WOULD YOU BE PREPARED TO BRING A VEHICLE AND TRANSPORT PARTICIPANTS: _____

IF SO; HOW MANY: _____

APPLICATION:

I, _____, hereby apply to be a staff member on the Gilqua PLTU Course.

SIGNED: _____ **DATE:** _____

Consent Form completed. (Printed overleaf)

To the Course Director, Gilqua Patrol Leader Training Unit course.

I, _____, being the father/legal guardian of _____, a member of the _____ Group, hereby request you to allow him to take part on the Gilqua Patrol Leader Training Unit course to be held in Cape Town and surrounds from _____ to _____

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 Gilqua Patrol Leader Training Unit Course as staff.

Signed: _____
Troop Scouter

Name of Troop Scouter

Date: _____