



# St. Julian's Scout Group

## Entry Form

Section: Pack/Troop/Unit \_\_\_\_\_ Entry No: \_\_\_\_\_  
 Surname \_\_\_\_\_ Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 E-mail \_\_\_\_\_ Mobile \_\_\_\_\_  
 Address \_\_\_\_\_ Postcode \_\_\_\_\_  
 School \_\_\_\_\_ Religion \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Hobbies / interests of parents: \_\_\_\_\_  
 Other associations in which entrant is a member \_\_\_\_\_  
 Please state if your son suffers from any condition, illness or allergies \_\_\_\_\_

Permission for use of Antiseptic in case of cuts/stings Yes  No

### Parent's Consent

I, the undersigned as father / mother / guardian of \_\_\_\_\_ give my consent that he joins the St. Julian's Scout Group and will do my utmost to be as cooperative as possible for the benefit of my son. I appreciate that the leaders will take all precautions for the safety of my son in all the meetings and activities. If I cannot be contacted immediately, in case of an emergency, I give permission to the GSL or the leader in charge, to take what action is needed for the safety of my son's health (hospitalization, doctor etc.), until my arrival. I will also make sure that my son will keep the Scout Promise and obeys the law.

Signature \_\_\_\_\_ I.D. \_\_\_\_\_

Name in block \_\_\_\_\_ Date \_\_\_\_\_

Section Leader \_\_\_\_\_ G.S.L. \_\_\_\_\_

\*\*\*\*\*

### For Records Only

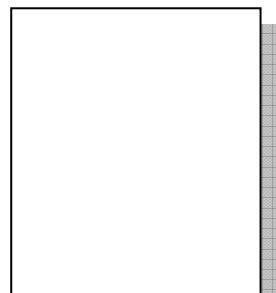
Date Joined / Crossed over \_\_\_\_\_ Invested \_\_\_\_\_

Left / crossed over \_\_\_\_\_

Promotions: Sixer/ P.L. \_\_\_\_\_ 2<sup>nd</sup> Sixer/ S.P.L. \_\_\_\_\_

No. of Badges: \_\_\_\_\_

Standards Obtained: \_\_\_\_\_





# St. Julian's Scout Group

## Parents Survey

If you have an interest in any of the following please tick in the boxes provided:

Arts	<input type="checkbox"/>	Cycling	<input type="checkbox"/>	Camping	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Music/Drama	<input type="checkbox"/>
Nature	<input type="checkbox"/>	Knotting	<input type="checkbox"/>	Orienteering	<input type="checkbox"/>
Radio Amtr.	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Drawing /Painting	<input type="checkbox"/>	Photography	<input type="checkbox"/>

Others: \_\_\_\_\_

Would you like to help out with our Group?

Yes in a small way	<input type="checkbox"/>	Yes I can provide transport car	<input type="checkbox"/>	truck	<input type="checkbox"/>	Van	<input type="checkbox"/>
Yes in the committee	<input type="checkbox"/>	Yes as helper to council	<input type="checkbox"/>	Yes others	<input type="checkbox"/>		

I realize that scouting is a commitment for both parent and child and that I may be asked to support the Leaders / Scout Group / Group Council from time to time. I also realize that I should co operate with the leaders where my child's behaviour is concerned.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Name in Block \_\_\_\_\_



# *St. Julian's Scout Group*

## Parents' Information Sheet

This group is made up of 4 sections: Cub Pack (7-11 year olds), Troop (11-16 year olds),  
Venture Unit (16-18 year olds) Rovers (18+)

All sections are open to Girls and Boys of any religious creed who are prepared to take the scout promise. New entries are only allowed in the Pack and Troop sections. The other sections will then be filled in with those of age from the group itself. There has to be a balanced number of both sexes.

### **Pack:**

The Pack meets every Saturday (15.00-17.00) at the group's headquarters, and in Summer every Wednesday near the sea. The Pack is divided into sixes (groups of six), each having a different colored woggle, a sixer and a second sixer. The adult leaders take names from the Jungle Book (Rudyard Kipling) and they are all voluntary. Sometimes we have help in certain badge work/ outings / camps from parents of other auxiliaries. At the moment the leaders of this section are:

- Akela (CSL) \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_
- Baloo \_\_\_\_\_ Tel: \_\_\_\_\_ Mobile \_\_\_\_\_
- \_\_\_\_\_

In a normal pack meeting we play games and do badge work ( which consist of life skills). This badge work is divided into 2 sections, Personal Progressive Scheme, Proficiency Badges. The Progressive scheme is divided into 5 sections and they are covered depending on the age groups. Proficiency badges are skill badges which the cub may choose from. All the information on this badge work can be found in the cub book which has to be bought from the scout shop. An informative meeting will be held on a later date to the new parents. Once a month we have hikes, usually with open fire cooking, cultural outings and camps.

### **Troop**

This section meets every Friday (18.30-20.30) at the group's headquarters. The troop is divided into patrols with a patrol / assistant, leader. This section organizes hikes, expeditions, night hikes, canoeing, raft and camps. Badge work consists of the Scout Standard and Advanced Scout Standard.

### **Ventures:**

This section meets once a week but the days may vary as at this age, the members together with their leader plan all activities and meetings. They also have hikes, camps, expeditions etc.



# *St. Julian's Scout Group*

## **Group:**

As a group we organize 2 camps (Easter & Summer), hikes and family hikes and other activities. We also take part in National Activities organized by the Association. Our group believes in the outdoor activities and even meetings are held outdoors as much as possible. All outdoor activities are a continuation of their badge work i.e practical work, testing so it is of utmost importance that they attend for these activities.

The aim of scouting is Learn by Doing, Decision Making, Discipline & Self Control, Commitment to a set of Values and we cover the 6 stages of Personal Development: Physical, Intellectual, Social, Spiritual, Character, Affectedness. To obtain all this the members should be committed to attend as much as possible and you parents are committed to support them and the leaders concerned.

Our annual fee is: Lm for a single member and Lm each for brothers and sisters. This is paid at the beginning of the Year and those who enter on a later date, they should pay a pro rata. For camps and activities a fee is paid, depending on the costs.

## **Group Council:**

This is made up from members of parents and are elected every 2 Years. They organize fund raising activities during the Year and help with the cooking during Camps. From time to time for activities, other parents volunteer to be helpers to the council when needed.

## **Uniform:**

The uniform is bought from the Scout Shop at Island Headquarters, Floriana (next door to Robert Sammut Hall). The Scout Shop opens: Tuesday evening, Thursday evening and Saturday morning. Telephone: 21233946.

As for activities our members have to buy a t-shirt, sweatshirt and cap from our HQ. Some badges may be bought as well from here.

## **Leaders:**

Group Scout Leader: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Troop Leader (Skipper): \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Venture Leader: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_



# St. Julian's Scout Group

## CONSENT FORM – MINORS

*This form is in accordance with the obligations stipulated by the DATA PROTECTION ACT*

Date: \_\_\_\_\_

I/We the undersigned, choose to give my/our consent to the Group Leaders and to the Scout Association of Malta to collect and gather information that concerns my/our child \_\_\_\_\_ as follows:

**I/We choose to give (mark as appropriate) my/our consent so that the following type of data concerning my/our child is collected:**

<b>A. BASIC INFORMATION</b>	<b>I/we give my/our consent</b>	<b>I/we refuse to give my/our consent</b>
i. Contact details such as address and telephone number		
ii. Progress Records – information relating to the training given by the Scout Association of Malta and attained by the child		
<b>B. MEDICAL INFORMATION<sup>1</sup></b>	<b>I/we give my/our consent</b>	<b>I/we refuse to give my/our consent</b>
Relates to information about medical conditions, both physiological and psychological, that your child suffers from.		
<b>C. PHOTOGRAPHS &amp; VIDEOS</b>	<b>I/we give my/our consent</b>	<b>I/we refuse to give my/our consent</b>
i. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library <b><u>but are not to be distributed /used</u></b> in the media		
ii. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library <b><u>but are to be distributed /used</u></b> in the media		
<b>D. WEBSITES</b>	<b>I/we give my/our consent</b>	<b>I/we refuse to give my/our consent</b>
Photographs and Videos in which my/our child may appear in and which may be published via the Group or Association Website.		

It has to be noted that websites are accessible from all over the world. In the eventuality that you give your consent in Section D., the Scout Association of Malta guarantees that:

- a. Your child will always be shown wearing decent attire and found in a reputable pose.
- b. That your child's name will not be divulged and that he/she will not be identified in any manner
- c. That no personal contact details will be published enabling third parties to contact or identify your child.

<sup>1</sup> Section B (Medical Information) refers to information that is permanently held at the Group and/ or Association Headquarters as long as your child remains a member of the Movement. The Group shall be asking for your consent to retain medical information prior to camps, by means of a health/permit form. These latter forms are destroyed as soon as the activity is over.



# *St. Julian's Scout Group*

In accordance with the rights legally granted to parents/legal guardians:

- I/we hold all the rights over any information that the Group holds about my/our child. I/We understand that I/we have the right to withdraw this consent when due to circumstances I/we deem appropriate
- I/we shall hold responsible the Scout Association of Malta should this information not be retained in a confidential manner and /or forwarded to third parties without my/our explicit consent save for those circumstances as provided for in the Scout Association's Data Protection Policy.
- I/we expect that all the information gathered about my/our child, is held only for the necessary time period and that this information is destroyed once such time period lapses.

I/we understand that in my/our child's own interest, especially when the Group is holding adventurous activities or is staying for prolonged periods away from home, the Group needs important data about my/our child. Thus I/we bind myself/ourselves to ensure that all the information I/we give that concerns my/our child is exact and correct till the day requested. Should I/we refrain from giving this information, which information might be important for my/our child's own safety and well being, I/we accept all the responsibility and consequences that this non-compliance brings about.

Signed:

## **Parent / Legal Guardian**

Name (In block capitals): \_\_\_\_\_

I.D/ P.Port Number: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Parent / Legal Guardian**

Name (In block Capitals): \_\_\_\_\_

I.D/ P.Port Number: \_\_\_\_\_ Signature: \_\_\_\_\_



# St. Julian's Scout Group

**CONFIDENTIAL**

## Health Form

Name of Member:		DOB:	
Blood Group:	Mother's Name:	Father's Name:	
Home No. / Name:			
Street:			
Locality		Post Code:	
Home Tel.No.	Work Tel. No.	Mobile:	
Next of Kin Name:		Tel.:	Mobile:
Family Doctor Name:		Tel:	Mobile:
<b>Suffers From</b>		<b>Allergies</b>	
Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetic <input type="checkbox"/>		Penicillin <input type="checkbox"/> Antiseptics <input type="checkbox"/> Zinc Oxide <input type="checkbox"/>	
Heart Defects <input type="checkbox"/> Sleep Walking <input type="checkbox"/>		Nuts <input type="checkbox"/> Bee Stings <input type="checkbox"/>	
Any other illness : Yes <input type="checkbox"/> No <input type="checkbox"/>		Any other Allergies: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If <b>Yes</b> state which		If <b>Yes</b> state which:	
Is your child under any type of medical treatment / medicine Yes <input type="checkbox"/> No <input type="checkbox"/>			
If <b>Yes</b> state name of medicine, dose, and times of administration.			

