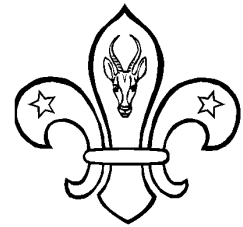




SOUTH AFRICAN SCOUT ASSOCIATION

# 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)

To the Course Director, \_\_\_\_\_ 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 \_\_\_\_\_ 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:** \_\_\_\_\_

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**(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:** \_\_\_\_\_