



**Details of Custodial Biological Parent / Legal Guardian**

Surname  Title

First Name (Full Name - no initials or nicknames)  Relationship to Applicant

Identity Number

Cellphone Number  Home Telephone Number

Business Telephone Number  Telephone number to be used for daytime contact :  
 Cellphone  Home  Business

\*Email Address

**\* Email is Mandatory - The above address details of the custodial parent will be used for all correspondence.**

Marital Status :  Married  Divorced  Single Parent  Widow/er

**Details of Other Biological Parent**

Surname  Title

First Name (Full Name - no initials or nicknames)  Relationship to Applicant

Identity Number

Cellphone Number  Home Telephone Number

Business Telephone Number  Telephone number to be used for daytime contact :  
 Cellphone  Home  Business

Email Address

Marital Status :  Married  Divorced  Single Parent  Widow/er

**Scouting / Guiding Record**

Scout Group / Ranger Crew  Scout  Ranger

District  Land  Sea  Air

Region (Rangers)  Group Type :

Province

Years' Service in the Movement :  Cub  Brownie  Scout  Guide  Ranger

Current Scout Advancement :  Membership  Pathfinder  Adventurer  \*First Class  Explorer  Springbok

Current Ranger Guide Advancement :  Emerald  Sapphire  \*Diamond  Protea

Leadership Courses Attended :  PLTC  PLTU  Other

**\* NOTE: It is recommended that all SA Scouts attending the 23<sup>rd</sup> WSJ hold a First Class Badge and all Rangers hold the Diamond Badge. The minimum requirement is that Scouts/Rangers hold the Adventurer/Sapphire badge.**

**Preference will be given to applicants who hold / commit to hold the First Class / Diamond Badge by 1 July 2015.**

National / International Scouting Events Attended

**Troop Scouter/ Guider's Contact Details**

Surname										Title		
<input type="text"/>										<input type="text"/>		
First Name					Contact Telephone Number							
<input type="text"/>					<input type="text"/>							
Email Address												
<input type="text"/>												

**Medical Aid**

Yes		No		Medical Aid Name / Hospitalisation Scheme								
<input type="checkbox"/>		<input type="checkbox"/>		<input type="text"/>								
Medical Aid / Hospitalisation Scheme Number					Medical Aid includes International Travel Cover?			Yes		No		
<input type="text"/>					<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>		
Medical Aid International Contact Number												
<input type="text"/>												
Primary Member's Surname										Title		
<input type="text"/>										<input type="text"/>		
Primary Member's First Name					Primary Member's Contact Telephone Number							
<input type="text"/>					<input type="text"/>							
Primary Member's Identity Number												
<input type="text"/>												

**Medical Information**

Does the applicant have any allergic reaction to any Medicines, Food, Plants, or Insect Bites ? :		Yes		No	
		<input type="checkbox"/>		<input type="checkbox"/>	
Has the applicant ever required remedial, occupational or physiotherapy ? :		Yes		No	
		<input type="checkbox"/>		<input type="checkbox"/>	
Does the applicant require any chronic or permanent medication ? :		Yes		No	
		<input type="checkbox"/>		<input type="checkbox"/>	
Does the applicant suffer from any of the following ? :		ADD		ADHD	
		<input type="checkbox"/>		<input type="checkbox"/>	
Does the applicant have any disabilities ? :		Yes		No	
		<input type="checkbox"/>		<input type="checkbox"/>	
If 'Yes' to any of the above - please provide details; including medication, if required, for the condition :					
<input type="text"/>					
<input type="text"/>					
State any important illnesses the applicant has suffered / currently suffers ( e.g. Allergies, Asthma, Diabetes, Epilepsy, etc)					
<input type="text"/>					
<input type="text"/>					

**Special Dietary Requirments**

Please indicate any specific dietary requirements :

None	Halaal	Kosher	Vegetarian	Vegan	Food Allergy	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes to 'Food Allergy' or 'Other' - please provide details :

**Emergency Contacts**

Note: In the event of an emergency, the custodial parent/legal guardian will be contacted *first* followed by other parent in need.  
 Names of two alternative persons, **other than the parent(s)/legal guardian**, to be contacted if neither parent is available.

Surname <input type="text"/>	First Name <input type="text"/>
Telephone Number <input type="text"/>	Relationship to Applicant <input type="text"/>
Surname <input type="text"/>	First Name <input type="text"/>
Telephone Number <input type="text"/>	Relationship to Applicant <input type="text"/>

**Passport Information**

**All Jamboree Contingent Members must be in possession of a valid passport by no later than 31st December 2014**

If the applicant is in possession of two passports, South African and a foreign passport, both may be used for travel.

As per Japan visa requirements, passport must be valid for a minimum of 9 months after the date of the Jamboree i.e. 10<sup>th</sup> May 2016

Do you hold a valid passport ? : <input type="checkbox"/> Yes <input type="checkbox"/> No	If 'No' Have you applied for a passport ? : <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date new passport applied for ? :  /  /

If 'Yes' to the above, Photocopy of passport/s to be attached to this application.  
 If applicant holds two passports then copies of both are to be attached to this application.

Copy of valid passport/s attached ? :  Yes  No

**South African Passport Information**

Nationality  
 S  O  U  T  H  A  F  R  I  C  A  N

Passport Number  Place of Issue

Date of Issue  /  /  Date of Expiry  /  /

**Foreign Passport Information**

Does the applicant hold a valid passport of another country to be used for travel to the Jamboree ? :  Yes  No

Nationality

Passport Number  Place of Issue

Date of Issue  /  /  Date of Expiry  /  /

### Sponsor / Person Responsible for Payment

Surname										Title		
First Name (Full Name - no initials or nicknames)										Relationship to Applicant		
Cellphone Number					Home Telephone Number							
Business Telephone Number					Telephone number to be used for daytime contact :							
					Cellphone	Home	Business					
*Email Address - * <b>NOTE : THIS ADDRESS WILL BE USED FOR ALL JAMBOREE PAYMENT CORRESPONDENCE</b>												
Postal Address : Number & Street Name / PO Box Number												
Suburb												
City										Postal Code		

### Jamboree Payments and Save-A-Place Deposit

This application must be accompanied by a Jamboree Save-A-Place Deposit of R6,000 in order to secure a place as a member of the SCOUTS South Africa Contingent to the 23rd World Scout Jamboree to be held Kirara-hama, Yamaguchi, Japan from Tuesday 28th July to Saturday 8th August 2015.

Please note : This application will not be processed until such time as the full Jamboree deposit is received.

The full deposit will be refunded in the event of the application as a member of SCOUTS South Africa Jamboree Contingent not being accepted.

R500 of the deposit is non-refundable should the applicant withdraw his/her application once accepted as a member of the SCOUTS South Africa Jamboree Contingent.

Payment of the R6,000 Jamboree Save-A-Place Deposit will serve as the first payment of the full Jamboree fee and is to be deposited into the following bank account :

Bank : **Nedbank**  
Branch : **Foreshore Cape Town**  
Account Number : **1083278509**  
Account Name : **SCOUTS South Africa**  
Reference : **Please use 23WSJ (+ Scout's Name) as Reference**

### Jamboree Correspondence / Address for Submission of Application Forms

All Jamboree correspondence must please be addressed to : **jamboree@scouting.org.za**

Please note that any Jamboree correspondence sent to any other than the aforementioned email address will not be received by the Jamboree organizers, the 23WSJ SSA Contingent Management Team!

This 23WSJ Application Form, together with a copy of the proof of payment of the Jamboree deposit, must be scanned and emailed to the 23WSJ Contingent Management Team on email **jamboree@scouting.org.za**.

In addition to the emailed application, a hard copy of the 23WSJ Application Form and all supporting documents along with a copy of the proof of payment of the Jamboree Save-A-Place Deposit, must be sent per mail to the following postal address by the latest 31st May 2014 :

**23WSJ SSA Contingent Member Application,  
Contingent Management Team,  
SCOUTS South Africa,  
PO Box 374,  
Newlands, 7725,  
Cape Town**

### Closing date for Applications

**CLOSING DATE FOR ALL 23WSJ APPLICATIONS IS 31<sup>st</sup> MAY 2014**



**Declaration by the Parent / Guardian**

I shall be pleased if you will accept this application for my child/ward to be admitted as a member of the SCOUTS South Africa Contingent to the 23rd World Scout Jamboree to be held in Kirara-hama, Yamaguchi, Japan from Tuesday 28th July to Saturday 8th August 2015.

I am aware that there is a possibility of a pre-Jamboree tour and that my child/ward may have to be out of the country from mid July until 10th August 2015

I understand that this application does not guarantee acceptance of my child/ward as a member of the SCOUTS South Africa Jamboree Contingent and that I will be contacted and advised accordingly.

I hereby confirm that, on acceptance of my child/ward as a member of the SCOUTS South Africa Jamboree Contingent, he/she has undertaken to abide by the rules of SCOUTS South Africa and the Jamboree Contingent at all times.

I acknowledge that all SCOUTS South Africa Jamboree Contingent members will be required to agree to and sign a Code of Conduct and parents or guardians of all minors (under the age of 21) will be required to sign a Parent / Guardian's Consent and Undertaking.

I accept that Scouting is a uniformed organisation and I undertake to provide my child/ward with the required uniform and any special equipment required in need for the Jamboree.

I acknowledge that payment of Jamboree Contingent fee is compulsory in order to participate as a member of the SCOUTS South Africa Jamboree Contingent and undertake to pay all fees and charges in advance on or before the due date.

Should I wish to withdraw my child/ward from the Jamboree Contingent at any time, I understand that financial penalties may apply and that I will be liable for any and all payments made on behalf of my child/ward by SCOUTS South Africa in respect of the Jamboree.

I declare that all of the information on this application form is, to the best of my knowledge, true and correct.

Signature of Parent / Legal Guardian

Signature of Troop Scouter As Witness

Parent / Legal Guardian Initials & Surname

Relationship to Applicant (Father, Mother, Guardian)

Date

/   /

**Application Checklist**

Use this checklist to ensure that all items and documents required for the 23WSJ application have been submitted.

	Checked by Applicant	Checked by 23WSJ HQ
23rd World Scout Jamboree Youth Application Form - completed in FULL	<input type="checkbox"/>	<input type="checkbox"/>
Colour passport-style head & shoulders photograph attached to the application form	<input type="checkbox"/>	<input type="checkbox"/>
Photocopy of page of current valid passport/s reflecting passport holders' details	<input type="checkbox"/>	<input type="checkbox"/>
Applicants personal motivation (additional pages)	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation by Court Of Honour and Troop Scouter	<input type="checkbox"/>	<input type="checkbox"/>
Copy of proof of payment of R6,000 Jamboree Deposit	<input type="checkbox"/>	<input type="checkbox"/>