

Details of Scouter

Full names	Surname	Date of Birth	ID Number
Known As			
Group		Unit	
District		Region	

Current Warrant

Number	Role	Date of Original Issue	Date of previous Renewal (if any)	Current Expiry Date (after Renewal)

Motivation for Cancellation of a Warrant

Cancellation of Warrant Recommended by:	Name	Signature	Date
Unit Scouter (for APS, ATS)			
SGL (for all Unit Scouters, incl. APS, ATS)			
DC (for SGL)			
RC (for DC, Regional and National Team Members)			
Chair: National Team (for National Team Members)			
CC (for RC and Deputy RC)			

Cancellation Process

Action	Dates
Cancellation endorsed by CS/CC/Nat: Chair/RC/DC (<i>highlight as applicable</i>)	Signed:
Warrant Cancelled by:	Name:
Scouter notified of Cancellation by:	Name:

Notes:

1. This form is to be used for cancellation of any Warrant.
2. The Scouter responsible for recommending and endorsing cancellation is the same as for a new Warrant, as described in the Adult Support Policy: Annexure 4 for Regional appointments and DCs; Annexure 5 for Scout Group Leader (SGL) and Unit Leaders and Annexure 6 for National Team Members.
3. This form must be used and read in conjunction with Part 4 of the Adult Support Policy.

4. Separate forms are available to apply for a new Warrant and extension or suspension of a Warrant.