

PROTECTION OF PERSONAL INFORMATION ACT (2013)

I consent to SCOUTS South Africa processing any personal information I supply to them for administrating and maintaining my membership of SCOUTS South Africa. I confirm that my personal details and supporting documents as provided with this application may be uploaded to and managed on Scouts.Digital.

AS A FUTURE MEMBER OF SCOUTS SOUTH AFRICA:

1. I accept the values of Scouting as set out in the Aim, Principles and Method.
2. I am prepared to make the Scout Promise.
3. I understand that anything I do with young people must be to help them achieve the Aim of Scouting.
4. I agree not to promote any beliefs, behaviours or practices, which are not compatible with the values of Scouting.
5. I agree to work within the Organisational Rules and all Policies of SCOUTS South Africa and its Member Code of Conduct.
6. I confirm that I have read and understood the "This is Scouting for Adults" booklet prior to signing this application form.

Signature of Applicant:

Date

Signature of Witness:

Date

INDEMNITY AND DISCLAIMER FORM:

I, the undersigned:

hereby acknowledge as follows:

1. Anyone entering the premises of SCOUTS South Africa does so entirely at his or her own risk. SCOUTS South Africa does not accept responsibility and will not be liable for any loss of or any damage of any kind or any death of or injury to any person whilst participating in any activities organised by or conducted under the auspices of SCOUTS South Africa, whether such loss or death or injury is caused by the negligent act or omission of SCOUTS South Africa, its employees, agents, officers, contractors, affiliates or any other person resulting from any other cause whatsoever.
2. I hereby indemnify and hold harmless SCOUTS South Africa against all or any claims which may be made against SCOUTS South Africa or its employees, agents, officers, contractors, affiliates or any other person by any person for any damage of whatever kind arising from the death of any person or any injury to such person whilst such person is or on any premises of SCOUTS South Africa or participating in any activity organised by or conducted under the auspices of SCOUTS South Africa.
3. I confirm that I have read, am familiar with and understand the contents of the Safe Scouting Policy.

Signed at _____ on this _____ day of _____ 20__

Signature of Applicant:

Date

Signature of Witness 1:

Date

Signature of Witness 2:

Date

FOR OFFICE USE

CHILD PROTECTION DATABASE CHECK:

Applicants details from Scouts Digital and ID Book submitted for vetting against the Child Protection Database by:

Name: Signature:

Date: DDMMYYYY Signature:

Response received from Child Protection Database: No record on database Record found on database

Date response received: DDMMYYYY

Name: Signature:

Date: DDMMYYYY Signature:

WARRANTS COMMITTEE:

Application considered at the Warrants Committee Meeting on: DDMMYYYY

Confidential References:

Name: Date returned: DDMMYYYY

Name: Date returned: DDMMYYYY

Confidential references satisfactory: Yes No

Applicant has declared criminal record and referred to RC for decision: Yes No

Police clearance check required: Yes No

Police Clearance Certificate requested from Applicant or Group/Region by:

Name: Signature:

Date: DDMMYYYY Signature:

Police Clearance check response received on: DDMMYYYY

Name: Signature:

Date: DDMMYYYY Signature:

Result of Police Clearance Check: Record on database Yes No

Result of Police Clearance certificate sent to National Office: Yes No

If criminal record, details attached and referred to Regional commissioner by Chair of warrants committee on: DDMMYYYY

Decision by Regional Commissioner on Application for Adult membership: Accepted: Rejected:

Reasons for rejection, if applicable:

Regional Commissioner:

Name: Signature:

Date: DDMMYYYY Signature:

Warrants Committee Decision on Application for Adult membership: Accepted: Rejected:

Reasons for rejection, if applicable:

Warrants Committee Chair:

Name: Signature:

Date: DDMMYYYY Signature:

Applicant advised by:

Name: Signature:

Date: DDMMYYYY Signature:

SCOUTS.DIGITAL:

Applicant updated to Member or entered as Member on Scouts.Digital by:

Name: Signature:

Date: DDMMYYYY Signature:

SSA ID number allocated by SD: S S A

MASTER CHECK LIST:

Document	Date	Checked	Document	Date	Checked
AAM Form completed	<input type="text"/>	<input type="checkbox"/>	Reference checks completed	<input type="text"/>	<input type="checkbox"/>
Copy of ID book received	<input type="text"/>	<input type="checkbox"/>	Approved by Warrants Committee	<input type="text"/>	<input type="checkbox"/>
Confidential References received	<input type="text"/>	<input type="checkbox"/>	Police Clearance received (if applicable)	<input type="text"/>	<input type="checkbox"/>
Application Uploaded to SD & copy of ID	<input type="text"/>	<input type="checkbox"/>	Child Protection Database clearance	<input type="text"/>	<input type="checkbox"/>
Applicant recorded as "Recruit" on SD	<input type="text"/>	<input type="checkbox"/>	Recruit updated to "Member" in SD	<input type="text"/>	<input type="checkbox"/>