



## APPLICATION FORM

(Please use BLOCK letters)

### Champions for Nature Challenge (Earth Tribe)

Group Name \_\_\_\_\_

Section Leader Name \_\_\_\_\_

Surname \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Cubs

Scouts

Venture

Rover

By Section

Participant Names and Surnames

1		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	
12		24	

*If there are more applicants, another form can be added to this.*

Individual

Name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_

Commencement Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Island Headquarters

Pjazza E.S. Tonna, Floriana, FLN 1480. Malta.

Tel: 00356 2122 4334 - Fax: 00356 2125 1382 - Email: info@scout.org.mt - Web: www.scout.org.mt - VO 0311



THE *Scout* ASSOCIATION  
OF MALTA

## DATA PROTECTION CONSENT FORM

*This form is in accordance with the obligations stipulated by the Data Protection Act*

I, the undersigned, choose to give my consent to the Scout Association of Malta to collect and gather information that concerns me for processing purposes from their end.

In accordance with the rights legally granted to me:

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

I understand that in my own interest, especially when holding adventurous activities or staying for prolonged periods away from home, the above mentioned Associations need important data about me. Thus I bind myself to ensure that all the information I give that concerns me is exact and correct till the day requested. Should I refrain from giving this information, which information might be important for my own safety and well-being, I accept all the responsibility and consequences that this **non-compliance brings about**.

## Declaration

I agree to enroll as a participant of the **Champions for Nature Challenge**. I agree as well with the fact, that photos of me can be used by the National Office and International Office in promoting materials of the award for example on the website and on printed materials.

Applicant's or Section Leader Signature ( <i>Section leader, if the award will be done by all the section members</i> )	Date
★Parent's /Guardian Signature ( <i>required only if applicant is under 18 years of age</i> )	ID Card
Parent's /Guardian Name ( <i>who is signing document</i> )	
Group Leader's Signature	ID Card
Application endorsed by The Scout Association of Malta	
Name	ID Card
Position	

## FOR OFFICIAL USE

Member Registration Number

Award completed by

### Island Headquarters

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