



# SCOUTS®

Nibnu Dinja Aħjar



THE *Scout* ASSOCIATION  
OF MALTA

## EXPLORER BELT AWARD APPLICATION FORM

*(Please use BLOCK letters)*

### APPLICANT'S DETAILS

<b>Surname</b>		<b>Name</b>	
<b>ID Card</b>	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Address</b>			
<b>Telephone</b>	<b>Mobile</b>	<b>Email</b>	

### SCOUT GROUP DETAILS

<b>Group Name</b>		
<b>Group Scout Leader</b>		
<b>Telephone</b>	<b>Mobile</b>	<b>Email</b>

### CREW LEADER'S DETAILS

<b>Surname</b>		<b>Name</b>	
<b>ID Card</b>	<b>Date of Birth</b>		
<b>Address</b>			
<b>Telephone</b>	<b>Mobile</b>	<b>Email</b>	

#### 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



# SCOUTS®

Nibnu Dinja Aħjar



THE *Scout* ASSOCIATION  
OF MALTA

## Explorer Belt Award

Country/countries to be visited \_\_\_\_\_

Date you started planning the award if known: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Flight Details \_\_\_\_\_

Expedition Date \_\_\_\_\_ Arrival Date \_\_\_\_\_

## Checklist before Expedition:

European Health  
Insurance Card (E111)

Boarding Passes

Any other tickets

Copy of Passport

Full equipment as in list

Route Card

Destination Map

Inoculations if needed

Private Insurance

### 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



# SCOUTS®

Nibnu Dinja Aħjar



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 hold 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 Association 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 Explorer Belt Award programme. I agree as well with the fact, that photos of me can be used by SAM in promoting materials of the programme for example on the website and on printed materials.

**Applicant's Signature**

**Date**

## Application endorsed by The Scout Association of Malta

**Name**

**ID Card**

**Position**

## FOR OFFICIAL USE

**Member Registration Number**

**Award completed by**

### 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