

APPLICATION FORM

(Please use **BLOCK** letters)

APPLICANT'S DETAILS

Surname		Name	
ID Card	Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Telephone	Mobile	Email	
Section	<input type="checkbox"/> Troop Section	<input type="checkbox"/> Venture Unit	<input type="checkbox"/> Rover Crew

SCOUT GROUP DETAILS

Group Name		
Telephone	Mobile	Email

AWARD LEADER'S DETAILS

Surname		Name	
ID Card	Date of Birth		
Address			
Telephone	Mobile	Email	

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 Duke of Edinburgh's International Award

(tick where applicable)

Bronze

Silver

Gold

Have you registered for any previous levels of the Award:

Yes

No

Date you wish to start your programme if known:

___ / ___ / ___

Planned Activities in Programme Sections:

Skills:	
Service:	
Physical Recreation	
Residential Project (only Gold Level)	

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 and to pass this information ONLY to the Duke of Edinburgh's Award offices in Malta for processing purposes from their end.

In accordance with the rights legally granted to me:

- I hold all the rights over any information that both Associations 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 and/or the Duke of Edinburgh's International Award 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.

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Proud to deliver



THE *Scout* ASSOCIATION
OF MALTA

Declaration

I agree to enroll as a participant of the Duke of Edinburgh's International Award programme. I agree as well with the fact, that photos of me can be used by the Award Unit, National Office and International Office in promoting materials of the programme for example on the website and on printed materials.

Applicant's Signature

Date

***Parent's /Guardian Signature** *(required only if applicant is under 18 years of age)*

ID Card

Parent's /Guardian Name *(who is signing document)*

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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