



APPLICATION FORM (Please use BLOCK letters)			
APPLICANT'S DETAILS			
Surname		Name	
ID Card	Date of Birth	Gender	
Address			
Telephone	Mobile	Email	
Cubs <input type="checkbox"/>	Scouts <input type="checkbox"/>	Venture <input type="checkbox"/>	Rover <input type="checkbox"/>
SCOUT GROUP DETAILS			
Group Name			
Telephone	Mobile	Email	
Messenger of Peace Programme			
Commencement Date ___ / ___ / ___			
Project Name		Aim	
Individual <input type="checkbox"/>		Team <input type="checkbox"/>	

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



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 **Messenger of Peace programme**. 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 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

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Member Registration Number

Award completed by

Island Headquarters

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