



THE *Scout* ASSOCIATION
OF MALTA
Xghajra Scout Group

Xghajra Scout Group

Application Form

Scout Personal Details:

Full Name: _____

Surname: _____

ID Number: _____

Gender: _____

Address: _____

Date of Birth: _____

Telephone No: _____

Scout Mobile No: *(if available)* _____

Scout e-mail address *(if available)* _____

Family Details:

Father's / guardian name: _____

Mobile No: _____

Mother's / guardian name: _____

Mobile No: _____

E-mail address *(for the Group Database)* _____



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Health Form

Name:			
Condition	Yes	No	Medication
Diabetes			
High Blood Pressure			
Heart disease			
Asthma			
Lung disease			
Ear / Eyes / Nose / Sinus problems			
Blood disorder			
Fainting spells and dizziness			
Kidney disease			
Stomach problems			
Thyroid disease			
Allergies:			
Other Conditions not covered above:			

In case of emergency, notify the person below:

Contact 1:

Full Name: _____

ID Number: _____

Mobile No: _____

Contact 2:

Full Name: _____

ID Number: _____

Mobile No: _____



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Data Protection Act Form

This form is in accordance with the obligations stipulated by the DATA PROTECTION ACT

We the undersigned, choose to give my/our consent to the Group Leaders and to the Scout Association of Malta to collect and gather information that concerns our child _____ as follows:

I/We choose to give (mark as appropriate) my/our consent so that the following type of data concerning my/our child is collected:

A. BASIC INFORMATION	I/we give my/our consent	I/we refuse to give my/our consent
i. Contact details such as address and telephone number		
ii. Progress Records - information relating to the training given by the Scout Association of Malta and attained by the child		

B. MEDICAL INFORMATION	I/we give my/our consent	I/we refuse to give my/our consent
Relates to information about medical conditions, both physiological and psychological, that your child suffers from.		

C. PHOTOGRAPHS / VIDEOS / WEBSITES & SOCIAL MEDIA	I/we give my/our consent	I/we refuse to give my/our consent
Permission for photographs (digital and printed) and videos in which my/our child may appear that may be held in albums/ log books/ frames/ library and published via the Group or Association Website, Facebook, Instagram or other social media.		

D. Consent to pick up member after meeting/ activity	I/we give my/our consent	
	Name	ID Card
Write down all the names of those who are allowed to pick the member after every meeting/activity		

Xghajra Scout Group - Delle Grazie Battery, Triq Dwardu Ellul, Xghajra

Email: info@xghajrascouts.org Website: www.xghajrascouts.org

Version: XSG-AF-2020



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Section B (Medical Information) refers to information that is permanently held at the Group and/ or Association Headquarters as long as your child remains a member of the Movement. The Group shall be asking for your consent to retain medical information prior to camps, by means of a health/permit form. These letter forms are destroyed as soon as the activity is over.

It has to be noted that websites are accessible from all over the world. In the eventuality that you give your consent in **Section C**, the Scout Association of Malta guarantees that:

- a. Your child will always be shown wearing decent attire and found in a reputable pose.
- b. That your child's name will not be divulged and that he/she will not be identified in any manner
- c. That no personal contact details will be published enabling third parties to contact or identify your child.

In accordance with the rights legally granted to parents/legal guardians:

Consent forms are to be collected up until the deadline, or else the member will not be able to participate in the activity.

I, _____ (*Parent/guardian*) confirm that the information about myself/ my son or daughter **IN ALL FORMS** is correct. I (*as a Parent/guardian*) will be responsible to advise as soon as possible if any personal data from the above will be changed.

Signature

ID card NO