



THE *Scout* ASSOCIATION
OF MALTA

Xghajra Scout Group

Data Protection Form

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

Date: _____

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	I/we give my/our consent	I/we refuse to give my/our consent
i. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library but are not to be distributed/used in the media		
ii. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library but are to be distributed/used in the media		

D. WEBSITES & SOCIAL MEDIA	I/we give my/our consent	I/we refuse to give my/our consent
Photographs and Videos in which my/our child may appear in and which may be published via the Group or Association Website or facebook.		



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

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

XSG-DPF-002 (last Updated April 2017)



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

It has to be noted that websites are accessible from all over the world. In the eventuality that you give your consent in **Section D.**, 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:

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 latter forms are destroyed as soon as the activity is over.

Signed:

Parent / Legal Guardian Name (In block capitals): _____

I.D/ P.Port Number: _____ Signature: _____

Parent / Legal GuardianName (In block Capitals): _____

I.D/ P.Port Number: _____ Signature: _____



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