ts	4TH EWELL	(NONSUCH)) SCOUT GROUP
			INFORMATION

Il sections of this form should be completed, write "NONE" if a section does no 1. Leader's/Supporter's Details	4. Hobbies, Interests and Skills
Surname	Can you swim 50m and tread water? (Tick or cross)
	Please list any specific hobbies, interests and skills you have
First names	· · · · · · · · · · · · · · · · · · ·
First names	
Home address	5. Medical Information and Consent
	Known allergies (eg penicillin, nuts)
Postcode Occupation	
Role (BSL/ACSL/Parent etc.) Date of appointment (if applicable)	Known health problems or special needs (e.g. asthma,
	epilepsy). Please give details of precautions, remedies etc.
Home telephone number	
Mohilo tolophono number	
Mobile telephone number	Date of last tetanus immunisation
Email address (home)	_ Special dietary requirements (eg. for religious reasons)
Email address (work)	
Date of Birth Sex (M/F)	Doctor's name and address
ſ I I	
Ethnic origin Religion	
	Postcode
	Doctor's telephone number
2. Primary Emergency Contact	
Title Surname	NHS number (if known)
Forename Relationship to you	
Address	6. Keeping Children Safe
	It is the policy of the Scout Association that all adults over the
	age of 18 must have a Criminal Records check. This is done to ensure the safety of our young people and is undertaken in
	co-operation with the Criminal Records Bureau (CRB). The
Postcode	information related to the check is strictly confidential, and minor offences (such as speeding fines) will not be taken into
Main contact Number	account. A criminal record check is valid for five years.
	CRB check completed
Emergency contact number (eg. Mobile phone)	Sometimes photo and video images of Scouts and Leaders taking
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