



# Training Application Form for Youth Members Attending Trainings

Name of Training: \_\_\_\_\_

Location/Venue of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_

(Trainings close one month prior to the date of the Training)

**\* Please print all details clearly & ensure that all details are completed correctly.**

Applicant's Name: .....

Date of Birth: .....

Applicant's ID no. .... Expiry Date .....

Unit Name: .....

Mailing Address: .....

.....

.....

Home Phone: .....

Mobile: .....

Email Address: .....

**Emergency Contact Details:**

Contact Person: .....

Relationship to Applicant: .....

Contact No: .....



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## HEALTH INFORMATION

Does your daughter suffer from any of the following (please tick):

- |           |             |             |                          |          |
|-----------|-------------|-------------|--------------------------|----------|
| Asthma    | Diabetes    | Epilepsy    | Sleep Walking            | Fainting |
| Hay Fever | Nose Bleeds | Bed Wetting | Severe Allergic Reaction |          |

Give details of any known allergies such as food, insect bites or medication:

.....

Does she suffer from any other disability or chronic illness or need any special health care? YES NO

If YES, give details .....

Does she know about menstruation? YES NO

## DIETARY REQUIREMENTS

Give details of any special food requirements for medical, religious or other reasons:

.....

## PERMISSION TO USE PHOTOS

Photos taken during this event may be used to promote Guiding in print publications or via the Girl Guides Victoria website.

**If you do not wish to participate in these opportunities, please tick this box.**

If you tick this box Girl Guides Victoria will inform the Guide Leader in charge of this event that your daughter is not to be photographed by event staff. Please note that we cannot control the participants taking photos of each other and publishing them on websites such as My Space or Facebook.

## PERMISSION TO ATTEND

I, ....., being parent/legal guardian of  
(please print clearly))

(daughter's full name) .....  
(please print clearly)

hereby apply for my daughter to attend the above activity.

If the application is accepted, to the best of my knowledge my daughter is fit to participate and has

permission to take part in all activities except for: .....

I undertake that my daughter will attend this activity/event only if, to the best of my knowledge, she has not been in contact with any infectious diseases in the three weeks prior to the activity/event.

I acknowledge that I have been informed that a copy of *Guide Lines* (publication containing the policy, organisation and rules of Girl Guides Australia) is available for inspection at all Guide venues and that the sections related to program, camping, adventurous activities and policies can be viewed on the Girl Guides Australia website [www.guidesaus.org.au](http://www.guidesaus.org.au) and that I have been invited to read this publication. I authorise the Leader-in-Charge to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for my daughter in the event of any illness or accident.

**Note:** All reasonable attempts to make contact with the nominated "person to contact in an emergency" will be made. I consent to the release of the health information on this form to any person who provides medical treatment and care to my daughter whilst participating in these activities. I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred. I have completed both pages of this form and to the best of my knowledge the information is correct.

Signature: ..... Date: \_\_\_ / \_\_\_ / \_\_\_



# Training Application Form for Youth Members Attending Trainings

## Payment Details

(All prices are inclusive of GST)

Applicant's Name: \_\_\_\_\_ ID No. \_\_\_\_\_

Payment by:  Money Order  Cheque

Please make payable to "Girl Guides Victoria"

Master Card  Visa

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Amount \$.....

Card holder's name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

This form becomes a TAX INVOICE upon payment. ABN: 59 533 729 847

Please complete and return all pages of this form

Training Department Girl Guides Victoria,  
PO Box 827, SOUTH MELBOURNE VIC 3205  
Fax: (03) 9699 6277

### A CANCELLATION FEE WILL APPLY

#### CANCELLATION POLICY FOR EVENTS RUN BY GIRL GUIDES VICTORIA

- If the event is cancelled by Girl Guides Victoria ...full refund will be given
- If you cancel more than 21 days before the start of the event ...100% refund will be given
- If you cancel between 7 and 21 days before the start of the event ...60% refund will be given
- If you cancel less than 7 days before the start of the event ... no refund will be given.

**Extenuating Circumstances:** If there are extenuating circumstances please apply in writing to Guide Centre, attaching any relevant documentation such as a medical certificate. Application for special consideration does not guarantee acceptance.