

Please PRINT clearly

<b>APPLICANT'S NAME</b>	Girls First Name: _____ Girls Surname: _____ Girls Preferred Name: _____ Girls D.O.B: ____ / ____ / _____
<b>CONTACT DETAILS</b>	Address: _____ Suburb: _____ State: _____ Postcode: _____ Home Phone: (____) _____ - _____ Parent/Guardian Mobile: _____ Email Communications: _____
<b>CULTURAL BACKGROUND</b>	Was the potential Guide born in Australia? ____ If not, in which country were they born?: _____ Is English the primary language spoken at home? ____ If not, what is the primary language?: _____ Does the potential Guide identify as Aboriginal or Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No Which cultural background(s) do they identify with? _____
<b>CUSTODY ARRANGEMENTS</b>	Are there any custody restrictions you wish to bring to our attention? Please advise: _____
<b>UNIT DETAILS</b>	Has the potential Guide attended a local guide unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no indicate your local Council/Shire: _____ Unit Name: _____

**MEDICAL DETAILS**

We collect medical details about the potential Guide so that if they needs assistance at any time we can be as prepared as possible to make sure they are looked after.

Medicare Number: \_\_\_\_\_ (\_\_\_\_)

Does this potential Guide have food or other allergies that cause anaphylaxis or require immediate medical treatment? Please provide details and please provide a management plan to your local unit leader and ensure medication is with this Guide at all times.

\_\_\_\_\_  
\_\_\_\_\_

Does this potential Guide have significant food intolerances or special dietary/cultural customs related to food preparation? Please provide details. Please provide a management plan to your local unit leader in the event of accidental exposure.

\_\_\_\_\_  
\_\_\_\_\_

Is this potential Guide treated for anything related to their physical health that will require medication or management? Please provide details so we can support them.

\_\_\_\_\_  
\_\_\_\_\_

Is this potential Guide treated for anything related to her mental health that could require support? This includes but is not limited to anxiety or depression, and any fears or trauma they have experienced.

\_\_\_\_\_  
\_\_\_\_\_

Does this potential Guide have any special needs that will require support? This includes but isn't limited to ASD, Aspergers, physical or intellectual disabilities. Please provide details to enable us to assess our staffing needs & activities to support your guide.

\_\_\_\_\_  
\_\_\_\_\_

Does this potential Guide have any special behavioural challenges? Please describe these. Please provide supporting information about routines or management approaches to support them and to support our local volunteer leaders.

Is there anything else we should know about this potential Guide that would change how we prepare and manage activities to assist them in having the best experience possible? Please provide details.

### PROTECTION OF YOUR PRIVACY

Information supplied will be treated, used, and disclosed by Girl Guides Victoria and Girl Guides Australia in accordance with the Privacy Act 1988 and our privacy policy.

### HOW WE WILL USE YOUR PERSONAL INFORMATION, INCLUDING PHOTOGRAPHS

Girl Guides Victoria will act in accordance with our Privacy Policy, which is available on our website. Girl Guides Victoria respects privacy and personal information, and will act reasonably when collecting and using personal information, including taking photographs at events, of the potential Guide named in this application form ("the member").

You consent to Girl Guides Victoria and Girl Guides Australia collecting personal information, including photographs, of the applicant. Girl Guides will make reasonable use of photographs, video or voice recordings, and may publish this information on the Girl Guides Victoria website or in other publications.

You are able to approach Girl Guides Victoria at any time (before or after publication) to have any likeness of the applicant removed from publication, including publication on social media or the Girl Guides Victoria website, and can raise any concern with Girl Guides Victoria. You acknowledge that Girl Guides Victoria is not responsible for any claim arising from the use of such material.

Please note that Girl Guides Victoria cannot control whether Guiding participants take photos of each other and publish them on social media.

Do you wish the applicant's images or voice recordings to be used:  Yes  No

### PARENT / GUARDIAN AND EMERGENCY CONTACT DETAILS:

FIRST NAME	SURNAME	RELATIONSHIP	HOME PHONE	MOBILE	PARENT / GUARDIAN	EMERG. CONTACT
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

### DECLARATION

1. I agree to pay the initial joining fee and annual Girl Guide membership subscription as requested.
2. I give permission for the person named in this application form to participate in all of the activities the Australian Guide Program other than Adventurous Activities, swimming, boating and overnight activities for which separate permission is required.
3. I authorise Girl Guides Victoria to obtain first aid, medical, ambulance, dental assistance or treatment, including anaesthetic or blood transfusion, for the person named in this application form in the event of any illness or accident. (Note: All attempts to make contact with the nominated "person to contact in an emergency" will be made.)
4. I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse Girl Guides Victoria for any expenses incurred.
5. I agree to list all disabilities, allergies (including to medication) and health conditions that may require special attention. I will advise changes if applicable.

I have read and agree to the "Declaration" on this application form.

Name: \_\_\_\_\_

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

# PAYMENT DETAILS

Applicant's Name: \_\_\_\_\_

## MEMBERSHIP FEES

Once off Joining Fee of **\$25.00** (join via our website and pay only \$15.00)

Membership fees are **\$50.00** per Term. However if you would like to pay for the year, we offer a 10% discount, making the fee for 4 terms \$180.00.

If joining mid-term (refer dates below) initial Membership fee of **\$25.00** will apply.

**Unit fees are also applicable and will be calculated based on the number of terms selected below. You will receive an email/invoice with details of your unit fees 7 days after this application has been processed. Ask your local leader for this cost.**

Fee Structure (including joining fee and discounts) full term *Unit fee will be invoice 7 day after application has been processed	Paying 1 Term	Paying 2 Terms	Paying 3 Terms	Paying 4 Terms
Term 1, 2 3 or 4	\$75.00	\$125.00	\$175.00	\$205

Fee Structure (including joining fee) for mid-term commencement	Paying 1 Term	Paying 2 Terms	Paying 3 Terms	Paying 4 Terms
Term 1 after Friday 6 March 2020	\$50.00	\$100.00	\$150.00	\$205
Term 2 after Friday 29 May 2020				
Term 3 after Friday 21 August 2020				
Term 4 after Friday 6 November 2020				

## PAYMENT METHOD

Payment Amount: \$ \_\_\_\_\_ Paying for \_\_\_\_ Terms

Visa Card

Mastercard

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_ / \_\_ CSV \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## WHAT DOES MEMBERSHIP FEES COVER?

Membership fees paid to Girl Guides Victoria are used to cover the operational and compliance costs associated with running the organisation and include:

- Membership of Girl Guides Australia
- Membership of WAGGGS (The World Association of Girl Guides and Girl Scouts)
- Insurance
- Training and induction of volunteers
- Ongoing development of information technology systems to streamline communications and improve access to information
- Head Office costs (including salaries, rent, telephone, electricity, printing, audit fees, legal and marketing expenses)

## RETURN COMPLETED FORM TO:

Please return the completed form and payment to:

Girl Guides Victoria, Suite 812, 401 Docklands Drive, Docklands VIC 3008.

**Phone:** (03) 8606 3500

**Email:** [membership@guidesvic.org.au](mailto:membership@guidesvic.org.au)

**ABN:** 59 533 729 847

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