



# NETWORK

## 2007

Admin only  
Membership number

CRB reference number

### **LEICS.Scout NETWORK MEMBERSHIP INFORMATION FORM**

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM

#### **Local network**

Local network name

#### **About you**

Surname

First names

Known by name

Title

Initials

Gender

Male

Female

Date of birth *dd mm yy*

Contact Address

  
  
  

Postcode

Telephone (daytime)

Telephone (evening)

Mobile telephone

Email address

Religion or faith

Health eg. Diabetes, Allergies etc.

Occupation

#### **Scouting history**

Past scouting experience

*Are you, or have you ever been a member of the Scout Association before? Please give brief details including Awards.*

  

Current scouting appointment/role *If you hold a leadership role, a district or county position, or are a member of a fellowship*

Position

Group/District

My annual membership subscription fee will be paid via the above position but I will pay the Network fee.

Current scouting authorisation

*If you hold any current activity authorisations (First Aid, Form M, Form W, etc), please give details here*

  

#### **Ethnic origin**

The following is optional, and is reported to the UK Scout Association on the annual census. The categories are as recommended by MORI and the Council for Racial Equality.

Asian  Black  Mixed  White  Other

#### **Communication**

We will use any method possible to contact you given the details you have provided. These may include postal mail, email, phone and SMS.

I would prefer you to contact me by email

I would prefer you to send Network information by postal mail.

#### **Signature**

I accept that the Scout Network will be keeping information about my membership. The information provided will be used for Scouting purposes only.

In accordance with the Data Protection Act 1988, I consent to the holding of the information I have provided concerning details of my religion or faith, ethnic origin and any Disabilities.

Name

Signature

Date