

## APPLICATION FOR EXPLORER MEMBERSHIP:

**EXPLORER UNIT:**

(tick as appropriate)

**Banstead District Explorers (BDE)**

**Central District Explorers (CDE)**

**Downland District Explorers (DDE)**

**Tadworth District Explorers (TDE)**

Applicant's full name	
Address	
Post Code	Mobile number (applicant)
Email (applicant)	
Date of Birth	Religion or Faith (see page 4)
Ethnicity (see page 4)	Nationality
Disability (see page 4)	
School	
Any previous Scouting or Guiding	
Any special medical or dietary requirements or other relevant information	
Doctor's Names and Surgery Address & Telephone Number	
NHS Number (applicant)	

Adult contact details	Parent / Carer 1	Parent / Carer 2	Emergency Contact (other than parent / carer)
Full Name			
Address (including post code)			
Telephone number			
Mobile number			
Email address			
Occupation			Relationship to applicant
Any previous Scouting or Guiding experience			

Which of the following can you help with (please tick)

I would be willing to assist the Explorer Unit by becoming a Leader	
I would be willing to assist the Explorer Unit by becoming an Occasional Helper	
I would be willing to assist the Explorer Unit by becoming a Skills Instructor (Possession of specific skills, to be called on when required)	
I would be willing to assist the Explorer Unit by becoming a member of the District Board of Trustees	
I would be willing to go on a parent rota to assist the Explorer Unit	
I would be willing to assist the Explorer Unit by helping at fundraising activities	
I would be willing to assist the Explorer Unit by helping with building or grounds maintenance	
I would be willing to assist the Explorer Unit by helping with vehicle or equipment maintenance	
I would be willing to assist the Explorer Unit by driving members to and from activities held outside Unit HQ	
I have the following skills and qualifications with which I would be willing to assist the unit when required:	
I would prefer to help the Explorer Unit by:	

I give permission for my son / daughter to be in photographs taken at Scouting activities that may be used for legitimate interest in Scouting media and publications. Names will not be published without seeking written consent. I acknowledge that photographs taken and shared by my son / daughter's peers is outside the control of Banstead Scouts.

I accept my responsibility in the running of the Explorer Unit and agree to support the leaders in what they do for the benefit of the members.

I also accept my responsibility in the running of the Explorer Unit by paying the annual membership subscriptions and other fees, when requested.

I will support all Explorer Unit activities, both Scouting and fundraising and will assist where feasible in maintaining group premises and equipment.

Signed

Signed

(Parent/Carer 1)

(Parent/Carer 2)

Date

Date

When fully completed, please return this form to **Holly Freeman, 22 Osier Way, Banstead, Surrey, SM7 1LL** for the applicant's name to be placed on the Group's waiting list or for the applicant to join the appropriate section or email to **hollyfreeman@bansteadscouts.co.uk**

## **Data Protection:**

Please refer to the Banstead District Data Privacy Notice/Policy that describes the categories of personal data Banstead District process and for what purposes. Banstead District are committed to collecting and using such data fairly and in accordance with the requirements of the General Data Protection Regulations (GDPR), the regulations set by the European Union, and Data Protection Act 2018 (DPA 2018), the UK law that encompasses the GDPR. The Privacy Notice/Policy applies to members, parents/guardians of youth members, volunteers, employees, contractors, suppliers, supporters, donors and members of the public who will make contact with Banstead District.

The Privacy Notice/Policy and Data Retention policy are available to view and download from our website [www.bansteadscouts.co.uk](http://www.bansteadscouts.co.uk)

The Banstead District Board of Trustees (District Executive) is the Data Protection Controller as defined by GDPR, with District Leaders acting as Data Processors on behalf of Banstead District and the Scout Association. Being a small charity, we are not required to appoint a Data Protection Officer.

This form is aimed to assist in the collection of relevant information regarding young people under 18 years of age, who are looking to join an Explorer Unit. The information on this form is input to Online Scout Manager, the online membership system we use to securely manage your child's personal information and badge records. Personal data will be stored on Online Scout Manager to support the application process and current and potential future involvement in Scouting. Some information is considered sensitive personal data and as such will be managed as required under the regulations.

Where members of the Explorer Unit take part in District/County Scouting events or where 3rd party event suppliers are used, this may necessitate the sharing of relevant information to support the planning and safe running of these events.

Ethnicity and religious information are requested by The Scout Association to help in monitoring its membership. The data will help the Association in understanding the makeup of the membership; monitoring progress against its inclusivity objective, and prioritising development work both nationally and locally, and will identify and help Leaders meet any specific needs of individuals. All information contained on this form may be shared with the Scout Association as part of their governance and insurance requirements.

Parents/guardians will be able to edit their own and their child's data on Online Scout Manager (MyScout) at any time. You will receive a termly email asking you to check / update your record. We also use Online Scout Manager to collect information to support Gift Aid.

Once the information has been added to Online Scout Manager, the form will be securely retained until your child leaves Scouting, when the form will be securely destroyed, and your child's electronic record deleted, or transferred to another Explorer Unit or Scout Network as appropriate. Information related to Gift Aid will be stored for a period of up to 7 years for audit purposes as required by HMRC.

## Inclusivity Information

### **Ethnicity**

Please enter one of the below onto the ethnicity section of the application form:

#### White

- A1 - English/Welsh/Scottish/Northern Irish or British
- A2 - Irish
- A3 - Gypsy or Irish Traveller
- A4 - Roma
- A5 - Any other White background

#### Mixed or Multiple ethnic groups

- B1 - White and Black Caribbean
- B2 - White and Black African
- B3 - White and Asian
- B4 - Any other mixed or multiple ethnic background

#### Asian or Asian British

- C1 - Indian
- C2 - Pakistani
- C3 - Bangladeshi
- C4 - Chinese
- C5 - Any other Asian background

#### Black, Black British, Caribbean or African

- D1 - Caribbean
- D2 - African background
- D3 - Any other Black, Black British or Caribbean background

#### Other ethnic group

- E1 - Arab
- E2 - Any other ethnic group

#### Other

- F - Prefer to self describe
- G - Prefer not to say

### **Religion or Faith**

Please enter one of the below onto the Religion section of the application form:

- Buddhist
- Christian (all denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion: \_\_\_\_\_
- No religion
- Prefer not to say

### **Disability**

Please enter any that apply of the below onto the Disability section of the application form:

#### Developmental

e.g. ADHD, ADD, Autism Spectrum Disorder, Developmental delay, Down's syndrome, Dyspraxia, Dyslexia, Speech or language difficulties, other learning difficulties

#### Medical

e.g. Asthma, allergies (which may require medical intervention), cystic fibrosis, heart condition, migraines, epilepsy.

#### Injury

e.g. Long term affecting body or brain injuries

#### Mental Health

e.g. Anxiety, depression, panic attacks, history of self-harm, eating disorder

#### Sensory

e.g. Affected sight, hearing, taste or smell

#### Physical

e.g. Spina bifida, other condition affecting mobility

#### None

i.e. No disability

#### Progressive

e.g. Muscular dystrophy, multiple sclerosis

#### Self-describe

#### Prefer not to say