



## ADULT APPLICATION FORM

Surname \_\_\_\_\_

Forename 1 \_\_\_\_\_ Forename 2 \_\_\_\_\_ Forename 3 \_\_\_\_\_

Previous Surname/s \_\_\_\_\_

Known by name \_\_\_\_\_

Title \_\_\_\_\_ Gender M/F \_\_\_\_\_ Honours etc \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current  
Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Fax (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Religion or Faith \_\_\_\_\_

Special Needs / Disability \_\_\_\_\_

Previous Scouting appointment (if any) and cancellation dates

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

Current Scouting appointment (if any)

\_\_\_\_\_

Role applied for \_\_\_\_\_

Drey \_\_\_\_\_

Region \_\_\_\_\_

Date role to commence \_\_\_\_\_

As a part of my membership or involvement in The Squirrel Association I consent to The Squirrel Association and Northern Ireland Scout Council holding the information concerning details of my religion / faith and any disability.

I give consent that The Squirrel Association and Northern Ireland Scout Council, at all levels, may use my contact details (post, email, fax, telephone) to keep in touch with me about Squirrel matters.

**Before signing this application form, you are asked to read, accept and indicate you understand the following**

- I accept that the purpose of The Squirrel Association is to promote the development of young people in achieving their full physical, intellectual, social and spiritual potential as individuals, as responsible citizens and as members of their local, national and international communities and to encourage them to become a member of the Beaver Section when they reach the appropriate age.
- I accept the need / requirement to undertake learning and/or training within the time-scale laid down by The Squirrel Association.
- I accept and understand that the Child Protection policy of The Squirrel Association is to safeguard the welfare of all members by protecting them from physical, sexual and emotional harm.
- I declare that I have not at any time, within the United Kingdom and its dependencies, or in any other Country or Territory, been found guilty by a court of any offence concerning children or young people under 18 years of age, nor bound over, placed on probation, cautioned or discharged conditionally or absolutely in relation to such offences.
- I understand that because my voluntary work for The Squirrel Association may involve substantial contact with persons under the age of 18 any conviction that would be regarded as "spent" for other purposes, must also be disclosed.
- I have not been convicted at any time of any offence involving deception or dishonesty, unless the conviction is regarded as "spent" I am not an un-discharged bankrupt, nor have I made voluntary arrangements with creditors that have not been discharged. Nor have I at any time been removed by the Charity Commission or by the court in England, Wales or Scotland from being a Trustee because of misconduct. Nor am I disqualified from being a Company Director nor have I failed to make payments under County Court administration orders.
- I undertake to report to the Regional Representative, a Member of the Management Committee or the Scout Office, as appropriate, any changes in circumstances that could affect my role and membership of The Squirrel Association.

## REFERENCES

The Referees shown below should preferably have knowledge of your work or contact with young people and/or should be able to comment on your character and relationships with others. At least one of the referees should have known you for at least five years and one of the referees must not be from Scouting. Referees must not be relatives.

*Examples of referees include your employer, college tutor, Minister of church you attend, professional person.*

### **REFERENCE 1**

Name \_\_\_\_\_

Address \_\_\_\_\_ post code \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Length of time known by applicant \_\_\_\_\_

### **REFERENCE 2**

Name \_\_\_\_\_

Address \_\_\_\_\_ post code \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_

Telephone (home) \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Length of time known by applicant \_\_\_\_\_

**Tick**

1. I accept the values of The Squirrel Association as set out in the Purpose and Principles.
2. I am prepared to make the Squirrel Promise.
3. I understand that anything I do with young people I must try to help them achieve the purpose of The Squirrel Association.
4. I agree not to promote any beliefs, behaviours or practice which are not compatible with The Squirrel Association.
5. I agree to work within the policies and rules of The Squirrel Association and its code of behaviour and advice on Child Protection.
6. I accept The Squirrel Association is a uniformed organisation.
7. I have not been convicted of any offence(s) relevant to the role I am undertaking in The Squirrel Association.

**Name of Applicant** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_

**APPROVALS**

**GROUP SCOUT LEADER**

Name \_\_\_\_\_

Membership Number: \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**SPONSORING AUTHORITY (if applicable)**

Name \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**REGIONAL REPRESENTATIVE**

Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**To be completed by the appropriate Appointments Secretary**

Date form completed \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**When this form has been completed please forward to:**

**The Northern Ireland Squirrel Association  
Northern Ireland Scout Council  
109 Old Milltown Road  
Belfast  
BT8 7SP**