

<b>APPLICANT'S NAME</b>	<b>Given Names:</b> _____ <b>Surname:</b> _____ <b>Preferred Name:</b> _____ <b>D.O.B:</b> ___/___/___
<b>CONTACT DETAILS</b>	<b>Residential Address:</b> _____ <b>Postcode:</b> _____ <b>Postal Address:</b> _____ <b>Postcode:</b> _____ (If different from above) <b>Preferred Parent/Caregiver contact –</b> <b>Home Phone:</b> _____ <b>Mobile:</b> _____ <b>Email:</b> _____
<b>CUSTODY ARRANGEMENTS</b>	<b>Are there any custody restrictions on who can pick up the above applicant after a meeting or event etc?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES – Please list name(s) of person(s) who can pick up the applicant: _____
<b>UNIT DETAILS</b>	<b>Unit Name:</b> _____ <b>District:</b> _____ <b>Joining Date:</b> _____

**MEDICAL DETAILS**

Medicare Number \_\_\_\_\_ Ambulance Cover \_\_\_\_\_ Private Health Fund \_\_\_\_\_ Private Health Member No. \_\_\_\_\_  
 NO  YES

Family Doctor's Name \_\_\_\_\_ Doctor's Phone No. \_\_\_\_\_

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

Does your daughter suffer from any other medical condition, disability, chronic illness or require any special health care  NO  
 YES – please give details \_\_\_\_\_

Please give details of any known allergies such as food, insect bites and medication \_\_\_\_\_

Please give details of any special food requirements \_\_\_\_\_

Contact Lenses      Tetanus Immunisation Date \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT GIRL GUIDES?**

Local event or promotion (please name) \_\_\_\_\_  TV Advert       Website  
 Newspaper       Social Media       Friends       Parent was involved as a child  
 Family member is a Girl Guide (please include their membership number if you know it) \_\_\_\_\_

<b>PROTECTION OF YOUR PRIVACY</b>	In accordance with The Privacy Amendment (Private Sector) Act 2000, information supplied will be treated in confidence by Girl Guides NT Inc. and used only for the operations of the Association.
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<b>PHOTO CONSENT</b>	<p>I authorise Girl Guides NT Inc. and Girl Guides Australia and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in photographs, video tapes, voice recordings of my daughter in any form deemed appropriate by Girl Guides NT Inc. and Girl Guides Australia. I hereby release Girl Guides NT Inc. and Girl Guides Australia from all claims, demands, actions, proceedings, costs or expenses relating to or arising out of use of material.</p> <p>If you <b><i>do not</i></b> wish to participate in these opportunities, please tick this box <input type="checkbox"/>  Please note that we cannot control whether Guiding participants take photos of each other and publish them on websites/social media.</p>
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**DECLARATION**

1. I agree to pay the **\$120.00 annual membership fee** as required.
2. I give permission for her to participate in all of the activities of the Australian Guide Program other than adventurous activities, swimming, boating and overnight activities for which separate permission is required.
3. I authorise Girl Guides NT Inc. to obtain first aid, medical, ambulance, dental assistance or treatment including anaesthetic or blood transfusion, for her 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 NT Inc. 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.

<p><b>PARENT/GUARDIAN DETAILS</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p><input type="checkbox"/> <b>Contact details as on page 1</b></p> <p>Address: _____</p> <p>Hm Ph: _____ Wk Ph: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p><b>I have read and agree to the 'declaration' on this application form.</b></p> <p>Signature _____ Date ___/___/___</p>	<p><b>PARENT/GUARDIAN DETAILS</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p><input type="checkbox"/> <b>Contact details as on page 1</b></p> <p>Address: _____</p> <p>Hm Ph: _____ Wk Ph: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p><b>I have read and agree to the 'declaration' on this application form.</b></p> <p>Signature _____ Date ___/___/___</p>
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<p><b>EMERGENCY CONTACT DETAILS</b>    <input type="checkbox"/> <b>Same as above for parents or guardians</b></p>	
<p>Name: _____</p> <p>Address: _____</p> <p>Hm Ph: _____ Wk Ph: _____</p> <p>Mobile: _____</p> <p>Relationship: _____</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Hm Ph: _____ Wk Ph: _____</p> <p>Mobile: _____</p> <p>Relationship: _____</p>

<p><b>Unit Leader</b></p> <p><b>Signed:</b></p> <p><b>Date:</b></p>	<p><b>District Manager/State Commissioner</b></p> <p><b>Signed:</b></p> <p><b>Date:</b></p>
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The completed membership form along with payment (\$120 annual fee) is to be posted to Girl Guides NT Inc. PO Box 2, Parap NT 0804, emailed or brought into Guide House, 55 Ross Smith Ave, Parap. The application form with payment is due on the third unit meeting your daughter attends. If using NT Sport Voucher towards membership, the original voucher must be handed in with balance of payment. Credit Card payments - please refer to payment slip or phone to make payment. Direct Deposit Payment Details - Girl Guides NT Inc. BSB 633 000 ACC 1475 44498 (Please use Name as reference)

Ph: 8981 3628    Email: [girlguidesnt@iinet.net.au](mailto:girlguidesnt@iinet.net.au)

*Office Use Only*  
Payment method: \_\_\_\_\_

Date received: \_\_\_\_\_  
Entered on database

Membership no. issued: GGNT \_\_\_\_\_  
Membership card sent