## Instruction for Parents/Applicants for Completing the E-Permission

#### Initial Steps:

The leaders will provide what was Page 2 of the old E1 which will have information about the event, costs and transport arrangements. Parents/applicants will need to provide the participant's correct name, Membership Number and correct email address for the parent if applicant is under 18 years old or applicants email address.

#### Entering Information into the E-Permission:

Once the leaders enter this information into the Scout Event system, an automatic email will be sent to the provided email address so this must be correct. In this email will be a link to go to and log in with the unique code provided. They will be presented with this sample screen.

This screen has four tabs across the top which will have orange dots till they are filled in. Once filled in correctly they will change to green ticks. The final step, "Consent" cannot be completed till all the other tabs have green ticks. Fields with "\*" are required and must have the correct information in them. Any tabs with a red triangle mean required information is missing. The green buttons at the bottom will save only or save and open the next tab.

SCOUTEN	ENT	E-PERMISSION FORM					
Robin Gar Idult Recognition		Presentation Dinner 2015					
Personal Detai	ls 🗸	Emergency Contact 🛩	Medical & Dietary 😑	Activity Permis	sions 🧶 Con	sent 😐	
🏜 Registr	ation [	Details	🋔 Personal	Details			
obin was register	red for th	s event by:	Welcome				
	obin Garr 405-103-			Please complete the details on each page and then click 'save' before through to the other pages.		ore proceeding	
Email:	cours@gr	esterwestscouts com au	Address *	Address *			
f you don't believe Robin should have been registered to ittend this event, or if any of the following details are		to Suburb *		State *		Postcode *	
correct, please o	contact th	e person named above.			NSW	~	
Name: Gender:	Robin	Garrett	Home Phone		Mobile Ph	one	
Appointment: Formation:		n Commissioner er Western Sydney Region	Date of Birth * (yy)	/y-mm-did)			
District:	Great	er Western Sydney Region					
Region:	Great	er Western Sydney Region					
Member #:	11722	13	Card and	e & Next			

### Note the format for date of birth must be in the form of YYYY-MM-DD.

Here is an example of a form with correct information (green ticks), one with missing information (red triangle) and the other tabs still needing to be filled in.

If the applicant is 18 years old or older, the Activity Permissions will not be required and may be greyed out or the page/tab missing altogether.

This information as well as all other information, particularly medical, can be updated up to 48 hours before the event at which time the form will be locked. Any changes needed must be notified directly with the Region Office or event co-ordinator.

This is the Consent page/tab which cannot be completed yet due to missing information in the other page.

#### SCOUT EVENT E-PERMISSION FORM

Robin Garrett Adult Recognition Awar	ds Presentation Dinner 2015			
Personal Details 🗸	Emergency Contact 🗸	Medical & Dietary 🛕	Activity Permissions 🔶	Consent 😑
Activity Pern To be completed by	nissions parent/guardian for particip	ants under 18 years		

Swimming	• NO			
Water/Boating Activities	NO NO			
Rock Related Activities	7E3 •			
Abseiling	YES •			
Flying Fox	7E3 •			
Flying	NO NO			
Can Robin Garrett swim 50 meters?				
● NO				

#### SCOUT EVENT E-PERMISSION P

Robin Garret Adult Recognition Awa	t rds Presentation Dinner 2019	e.			
Personal Details 🛩	Emergency Contact 🛩	Medical & Dietary 🛦	Activity Permissions 🛩	Consent 😐	
🛱 Medical Au	thority	Consent To be complete	ed by ALL participants or pa	rent/guardian if unde	r 18 years
and obvious risks. I/We I servant or agent of The New South Wales Branc	his activity will involve inheren authorise any officer, member, Scout Asbociation of Australia, h, in the event of any accident sent method according	<ul> <li>I confirm that been entered on</li> <li>I understand</li> </ul>	t the information submitted in d correctly, that I can modify the informa	son submitted into the	s online form up to 48 hou

Interests to clama ruch upper, threadeal associate or unsertiment for this approximate particularity the administration of any interactions or blood transfactions as the or the major processor expedient and for the purpose to engage any first setes, ambulance efforts, doots, endross, running associations or total association on and in the enerst largers to pay the size Association on element as luur doors, demost runnals, ambulance and horizon, demost runnals, ambulance and horizon less total association uner applications and association uner en yolding of rule amount.

lease fix the following errors: 'Medical & Dietary' page has not been compl Once all the information has been correctly entered in and saved, the Consent page will show the first and surname fields as well as the "Sign" button. Fill in your name (parents name for youth) then click the Sign button.

Robin Garrett Personal Details 
 Emergency Contact 
 Medical & Dietary Medical Authority Consent by ALL part SCOUT EVENT Robin Garrett sonal Details 🖌 Emergency Contact 🖌 Med cal & Dietary 🛩 d Medical Authority Consent d by ALL participants or parent/guardia der 18 years Electronic Signature

SCOUT EVENT ....

-006-0008 Robin Garrett oner - 117223 Sydney Region

# 015

If the participant suffers from any chronic or r allergy or physical defect, it should be disclos provision can be made for their welfare. Pleas responsible leader has any Medical Plans if th	ed in order that se ensure a
Medicare Number	1234 12345 1
Date of last Tetanus Injection	Unknown
Does the participant have any physical disabilities?	Mental as anyth
Does the participant have any known allergies, including drugs or food allergies??	NO
Has the participant any special food requirements?	NO
Will the participant have any medication at the activity?	Ventolin puffer a required
Does the participant suffer from any of the following:	
Epilepsy	NO
Diabetes	NO
Asthma	MILD

	insura	noe)	4.750 D.C			
			Rob	in Garrett		
				30th Mar 2016 (8:37am)		
			Cover.	lick form		
			- <b>U</b> M	lock Form		
lacion	COULT	0			027-	
nission	SCOUL	EVENT E-PERMISS	ION FORM		R	
. Note		GWS REGION			Commission Western Sy	
	REGISTRATION CO	DNTACT-		EVENT:		
	Robin Garre			Adult Recognition Awards Presentation	Dinner 20	
		ern Sydney Region		Wentworthville Leagues Club	Difficer 20	
	0405-103-331			50 Smith Street, Wentworthville		
	scouts@great	erwestscouts.com.au		Sat 22nd Oct 2016 (6:30pm to 10:00pm)		
	PERSONAL DE	TAILS		MEDICAL & DIETARY		
	Name	Robin Garrett		If the participant suffers from any chronic or		
	Address	5 Raven Place South Windsor NSW 2756		allergy or physical defect, it should be disclo provision can be made for their welfare. Plea	Please ensure a	
	Home Phone	4577-2662		responsible leader has any Medical Plans if t	ney appiy.	
	Mobile Phone	0405-103-331		Medicare Number	1234 123	
	Date of Birth	1960-03-02		Date of last Tetanus Injection	Unknown	
	Contact Email			Does the participant have any physical disabilities?	Mental as	
				Does the participant have any known allergies, including drugs or food allergies??	NO	
	EMERGENCY C	ONTACT		Has the participant any special food requirements?	NO	
	Name	mary garrett		Will the participant have any medication at the activity?	Ventolin	
	Relationship to Participant	spouse			requireu	
	Phone Number	4577-2662		Does the participant suffer from any of the following:		
	(Primary) Phone Number			Epilepsy Diabetes	NO	
	(Secondary)	0405 103 331		Asthma	NO MILD	
	Address	same		Astrima	MILU	
	PARENT CONS	ENT		MEDICAL AUTHORITY		
	To be comple under 18 yea	ted by parent/guardian for par rs	rticipants	To be completed by ALL participants or under 18 years	parent/gu	
		nsent for Robin Garrett to particip ities which will be offered at this e		We acknowledge that this activity will involve inherent an any officer, member, servant or agent of The Scout Associa Wales Branch, in the event of any accident or illness to obt assistance or treatment for the above named participant in	tion of Australia ain such urgent scluding the adr	
	Swimming		NO	any anaesthetic or blood transfusion as he or she may cons purpose to engage any first aiders, ambulance officers, doo	ider expedient i tors, dentists, n	
	Can the participan	t swim 50 metres?	NO	<ul> <li>assistance or hospital accommodation and in this event I ag on demand all such doctors', dentists', nurses', ambulance</li> </ul>	gree to pay the :	
	Water / Boating		NO	fees and expenses recoverable by the said Association und	er any policy of	
	Rock Related		YES			
	Abseiling		YES			
	Flying Fox		YES			
	Flying		NO	-		
	SIGNATURE					
	Participant Signate	ure (or Parent/Guardian if under 18 years)				
	X					

2 2016-03-30 08:37:56

If you have any questions, please contact Robin Garrett (0405-103-331)

Once this is done the Consent page will have a green tick and the name will appear like a signature with the date and time that it was "signed".

You should then receive another email which will include the E-Permission form that you will need to sign. Check to make sure everything is correct then sign the form and give to the leaders along with correct money, before the due date, and they will forward this on to the Region Office.

Here is an example of what the E-Permi form requiring signature might look like. the spot at the bottom where the parent/applicant would sign.