# 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.

CCOUT O

### 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.

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Kobin Ga	rrett				
dult Recognitio	n Awards Presentation Dinner 2015				
Personal Deta	lls ✓ Emergency Contact ✓	Medical & Dietary  Activity	Permissions 😑 Consent 🗧		
🏜 Registr	ation Details	🌡 Personal Details			
Robin was registe	red for this event by:	Welcome			
Name: F	tobin Garrett	Please complete the details on e through to the other parent	Please complete the details on each page and then click save before proceeding		
Phone: (	405-103-331	nitodili in nie oniei balles	inrough to the other pages.		
Email:	couts lignest environments couts com en	Address *			
you don't believe Robin should have been registered to					
f you don't believ	e Robin should have been registered t	© Suburb *	State *	Postcode *	
f you don't believ ittend this event, hcorrect, please (	e Robin should have been registered t or if any of the following details are contact the person named above	© Suburb *	State *	Postcode *	
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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

obin Garrett	t rds Presentation Dinner 2015	1		
Personal Details 🗸	Emergency Contact 🗸	Medical & Dietary 🛕	Activity Permissions	Consent 😑
Activity Per	missions			

Do you give consent for Robin Garrett to participate in the following activities which will be offered at this event?

Swimming	• MU
Water/Boating Activities	• MD
lock Related Activities	(1E.3 💽
bseiling	123 💽
ying Fox	(181 )
lying	(• NO

### SCOUT EVENT EMERANISSION PO

Robin Garrett Mult Recognition Awa	ds Presentation Dinner 2015			
Personal Details 🛩	Emergency Contact 🛩	Medical & Dietary 🛕	Activity Permissions 🛩	Consent •
🛱 Medical Aut	hority	d Consent		

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 I confirm that the information submitted into this online form has, to the best of my invokedge, been entanted contextly.
 I understand that, can modify the information submitted into this online form up to 48 hours before the start of the event, after which there, the event e-permission system will be looked in understand the intermotion in antiform the event e-permission system will be looked.

by putting your name in the box below and saving this form you have read, understood and agree to

Electronic Signature

Please for the following errors: 1. Marticul 5. Details have been control 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.

SCOUT EVENT	E-PERMISSION FORM				
Robin Garrett Adult Recognition Award	ds Presentation Dinner 2015				
Personal Details 🛩	Emergency Contact 🛩	Medical & Dietary 🛩	Activity Permissions 🗸	Consent 😐	
il Medical Auth	hority	Consent	t by ALL participants or par	entiguardian if under 1	16 years
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Robin Garrett duit Recognition Awards	Presentation Dinner 2015				
Personal Details 🗸	Emergency Contact 🖌	Medical & Dietary 🛩	Activity Permissions 🗸	Consent 🛩	
🛍 Medical Autho	ority	Consent To be completed	by ALL participants or par	ent/guardian if under	18 years
We addroxifiedge that this nd obvious risks: IWe aut envant or agent of The Sco lew South Wales Branch, it liness to obtain such urgen resoment for the above na dministration of any anaes e or she may consider exp c engage any first elders. a	actively will involve inherent torse any officer, member, ust Association of Augrafia, in the event of any accident or timelical assume on media patropart, including the sthetic or blood transfusion as selection of this purpose imbulance officers, doctars,	I confirm that to been ensered Understand to before the state Understand to information aff By putting your name	the information submitted in correctly, has I can mosify the informat of the event, after which is nat it is my responsibility to in nat it is my responsibility to in or the event e-permission is in the box below and saving in the box below and saving	to this online form has, t to nubmitted into this o ne, the event expermiss inform the event organis offern has been locked, githis form you have <b>rea</b>	to the best of my knowledge online form up to 40 hours on system wil be locked ers of any changes to this id, understood and agree t

Electronic Signature

MEDICAL & DIETARY

Medicare Numbe

Diabetes

Acthma

Date of last Tetanus Injec

MEDICAL AUTHORITY

Does the participant have any physical disabilities?

Does the participant have any known allergies, include drugs or food allergies??

Does the participant suffer from any of the foll Epilepsy

necial food or

Robin Garreti

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

Once this is done the Consent page will have a green tick and the name will appear like a signature

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

with the date and time that it was "signed".

forward this on to the Region Office.

## 

#### REGISTRATION CONTACT: **Robin Garrett** Greater Western Sydney Region 0405-103-331 scouts@greaterwestscouts.com.au

PERSONAL DETAILS				
Name	Robin Garrett			
Address	5 Raven Place South Windsor NSW 2756			
Home Phone	4577-2662			
Mobile Phone	0405-103-331			
Date of Birth	1060.02.02			

### EMERGENCY CONTACT

Name	mary garrett
Relationship to Participant	spouse
Phone Number (Primary)	4577-2662
Phone Number (Secondary)	0405 103 331
Address	same

### PARENT CONSENT

To be completed by parent/guardian for participants under 18 years

Do you give consent for Robin Garrett to participant in the following activities which will be offered at this event.

Swimming	NO
Can the participant swim 50 metres?	NO
Water / Boating	NO
Rock Related	YES
Abseiling	YES
Flying Fox	YES
Elvino	NO

#### To be completed by ALL participants or parent/guardian il under 18 years We acknowledge but its schwidy will involve intervet and devices risks. We author any officer, member, servaer or agent of The Scord Association of Asstrain, New Sord Weile Branch, in the weilt of any accident of intests dediats and the uppert medical assistance or interferent for the allown memory participant, including the administration pages to the strategiest of the store of the store of the store of the store pages to the store of the store of the store of the store of the store pages to ensure of the store assistance of negative accommodation and in this went is agree to pay the said Association there and expenses recorrecting by the said Association under any policy of the stareory.

Adult Recognition Awards Presentation Dinner 2015 Wentworthville Leagues Club 50 Smith Street, Wentworthville Sat 22nd Oct 2016 (6:30pm to 10:00pm)

If the participant suffers from any chronic or recurrent ail allergy or physical defect, it should be disclosed in order provision can be made for their welfare. Please ensure a responsible leader has any Medical Plans if they apply.

027-006-0008

r tha

1234 12345 1

NO

NO

NO

NO MILD

Mental as anything

Ventolin puffer as required

Robin Garrett Region Commissioner - 117223 Greater Western Sydney Region



Participant Signature (or Parent/Guardian if under 18 years)

Date 2016-03-30 08:37:56

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