

Explorer Information Sheet

Information will be held for Scouting use only. This data will not be disclosed to anyone outside the movement without your/your parents'/carers' permission.



1. Personal Information

Name:	
Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Date of Birth / / Age:
Address:	
Town:	North Baddesley
County:	Hampshire
Postcode:	
Home Phone No:	
Mobile Phone No:	
e-mail Address:	@
How would you like to be contacted?	Post <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile <input type="checkbox"/>
Name of ESU/Group*:	Crusder Explorer Scout Unit
Religion:	
Name of School/College/Other*:	
Alternative address:	
Town:	
County:	
Postcode:	
Alternative Phone No:	

2. Young Leader and Awards

Do you help at another Section? Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES do you help at BEAVERS <input type="checkbox"/> CUBS <input type="checkbox"/> SCOUTS <input type="checkbox"/>
Highest Scout Award held:	
Qualifications held:	1 st Aid <input type="checkbox"/> Form M <input type="checkbox"/> Form W <input type="checkbox"/> Other
Duke of Edinburgh Award	Are you currently doing this award Yes <input type="checkbox"/> No <input type="checkbox"/>
	If YES, is this through: SCHOOL <input type="checkbox"/> SCOUTS <input type="checkbox"/> OTHER <input type="checkbox"/>
	If YES, what award are you doing: BRONZE <input type="checkbox"/> SILVER <input type="checkbox"/> GOLD <input type="checkbox"/>
	If NO , are you interested in taking part in this award? YES <input type="checkbox"/> No <input type="checkbox"/>

3. Medical

Doctor's Name:	
Surgery Name:	North Baddesley Health Centre
Address:	Flemming Avenue
Town:	North Baddesley
County:	Hampshire
Postcode:	
Doctor's Phone No:	023 8074 3400
National Health Service No:	
Special Requirements:	i.e. Medical <input type="checkbox"/> Diet <input type="checkbox"/> Allergies <input type="checkbox"/> None <input type="checkbox"/>

4. Background

Parent/Carer's Name:	
Address:	
Town:	
County:	
Postcode:	
Home Phone No:	
Mobile Phone No:	
e-mail Address:	@
Alternative Parent/Carer's Name:	
Address:	
Town:	
County:	
Postcode:	
Home Phone No:	
Mobile Phone No:	
e-mail Address:	@

* delete as applicable