

Deep Thought 2011 – ‘The Question!’

Boroondara Personal Growth: Ideals 1 Course
Friday 15th July to Sunday 17th July 2011

Do you want to know the meaning of life, the universe and everything?

Well, we probably won't be able to tell you that, but we will help you develop a better understanding of yourself and how you relate to those around you.

This Ideals Weekend is a challenging and fun weekend, where you will examine religion, sex and relationships, Scout Promise and Law, drugs and other current moral and social issues. The Programme involves a mix of videos, games and discussions.

The course is guaranteed to be an interesting weekend!

Cost: The weekend will cost \$59.00. Payment is to accompany your application form (cheque made out to '1st Hawthorn Venturer Unit') and a receipt will be issued.

Times: Course starts Friday evening 15th July 2011 & finishes late afternoon on Sunday 17th July 2011.

Location: The course is held at Elliott Lodge, Healesville (1st Hawthorn / Scotch Scout Property). This is a residential weekend course.

We will supply you with a map showing directions to the property, when we send you the pre-course material. The pre-course material will be sent out to you during the week immediately prior to the Course.

Note: - Some preparation before the weekend is required.
Attendance does not guarantee a pass.

It is strongly recommended that you do the pre-course preparation prior to the weekend, as there will be limited free time available during the Course. This may include contacting other participants.

Transport: Venturers will be required to make their own way to the course, about an 80 minute drive from Box Hill (or organise transport for your Unit members).

Course Contact: - Robert Evans (Course Leader): 0418-532505 Mobile
or email gfd@gfd.com.au

Applications: Applications, **due by** the **26th June 2011**, are to be made on the application form (*please turn over*), and are to be posted, complete with your payment **[send application now!]** to: -

'Deep Thought 2011'
P.O. Box 1025
Morwell 3840

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Boroondara Personal Growth: Ideals 1 Course Application Form

Venturer's Surname: **Given Name(s):** **Preferred name:**

Postal Address: Post Code: D.O.B.:

Suburb/Town: Email: Fax:

Telephone: Sex: ... Scout Reg. No.: Religion:

Venturer Unit:
 Venturing Skills Passed? (Yes/No)(if no, explain):

Parent's/Guardian's Surname: **Given Name(s):**
 Address: Suburb/Town: Post Code:
 Phone (during Course): Mobile: Fax:

My son / daughter has permission to attend:
 (Parent's Signature)

Venturer Leader's Surname: **Given Name:**
 Postal Address: Suburb/Town: Post Code:
 Telephone (H): Telephone (W): Mobile:
 If required, is this leader able to attend as a supervisor (Yes / No)

This Venturer is over 16 years of age and I feel suitable to attend the weekend Ideals Course:

..... (Vent. Ldr's. Sig.) (Vent Unit Chair.)

Venturer's Medical Information - Note: -

(Please Circle)

Physical Disabilities?	No/Yes	Severe/Mild	Details:.....
Asthma?	No/Yes	Severe/Mild	Details:.....
Diabetes?	No/Yes	Severe/Mild	Details:.....
Epilepsy?	No/Yes	Severe/Mild	Details:.....
Allergies – Food?	No/Yes	Severe/Mild	Details:.....
Allergies – Drugs?	No/Yes	Severe/Mild	Details:.....
Allergies – Other (e.g. stings)?	No/Yes	Severe/Mild	Details:.....
Pregnancy?	No/Yes		

Regular Medication Required?	No/Yes	Name of Drug(s):
		Dosage & Frequency:
		Reason:
		Administered by:

Special Dietary Requirements:.....

Other Relevant Medical Info. (e.g. infectious diseases, heart condition):.....

.....

Medicare No.: Ambulance Membership No.:

Private Fund Name: Private Fund Membership No.:

In an emergency, should the Venturer be treated as a private or public patient?.....

Note: All medical information and numbers will only be passed on in the event of an emergency and only to relevant medical authorities. This page will be destroyed at the conclusion of the course (except following a medical emergency).

I, the above mentioned Venturer's legal guardian, authorize the leaders in charge of this year's Boroondara District Personal Growth: Ideals 1 Course to consent where it is impractical to communicate with me as to my child receiving such medical or surgical treatment and the use of an ambulance as might be necessary.

Signed: **Date:**



VENTURER LEADERSHIP COURSE INFO SHEET

THIS IS AN ACCREDITED COURSE

DATE: 22nd 23rd & 24th July 2011
DURATION: FRIDAY 7.30pm – SUNDAY 3.00pm.
LOCATION: Pax Hill Scout Camp
 450 Spencer St Ballarat
COST: \$75.00 includes fully catered course and course material.

ACCOMMODATION: IS ON SITE: BUNK HOUSE CABINS.

WHAT YOU NEED TO BRING:

Completed health form up to date	Y4	Yes / No
Completed TR1 Form	TR1	Yes / No
Completed course info form signed by leaders and Parent		Yes / No
Venturer Passport to be signed off		Yes / No
Sleeping Gear & Toiletries		Yes / No
1 topic for a 3 minute talk of your choice, to be given on this course.		Yes / No
Venturer Uniform Complete and tidy		Yes / No
Unit Council Minutes giving approval to attend.		Yes / No

General:

- To qualify, your attendance and participation is required.
- Remember, that *attendance is not a pass, participation is!*
- Uniform (complete) is to be worn to and from the course, and also at specified times.
- Only 4 members from each unit allowed per course the first in with money and forms will get places.
- Parent / Guardian, Leader & Unit Council approval is essential for all courses applications.

APPLICATIONS ARE TO BE SENT TO:

Venturer Leadership Course
 P.O. BOX 153 R
 REDAN 3350

Course Co-coordinator.
 Ian Lock arc. Venturers Western
 Home 35393885 Mob 0408501866
arc.venturers.western@vicscouts.asn.au

CLOSING DATE: 11th July 2011

Please Make Checks payable to
 Western Region Venturer Council



DATE OF COURSE: 7.00 pm Friday 22nd to 3.00 pm Sun 24th July 2011

Registration Number..... Age School Year

Surname.....Given Name Male / Female

Address.....Postcode.....

Telephone No.....Date of Birth.....E-mail.....

Unit NameGroup Name.....

District Name.....Region Name.....

Medicare number.....

Religion..... Preferred Name

My 3 minute talk topic is
(please GIVE TOPIC OR WE WILL NOMINATE ONE)

Special Health or Dietary Needs.....

**I understand that I am to wear full uniform to and from the course
(Applicant to Sign here)

Unit Council Approval

Chairperson..... Signature

Venturer Scout Leader.....Signature

Parents Authority

I authorise any Leader or agent of Scouts Australia in the event of any unacceptable behaviour occurring by my son / daughter during or in connection with any activity or function connected with Scouts Australia. To obtain on my behalf and at my expense such travel costs to return as may be considered appropriate by the Leaders, or agents of Scouts Australia to a point of pickup by their parents / guardians'. I acknowledge that I have read the above provision prior to signing hereof.

Parents Signature,Date.....

Phone No Home Mob

COURSE COST \$75.00 Due 11th July 2011

This application (Completed in Full) together with a **cheque** for \$ 75.00 (made payable to **Western Region Venturer Council** is to be forwarded to:

Venturer Leadership Course
P.O. Box 153 R, Redan 3350

APPLICATIONS MUST BE SUBMITTED BY.....11th July 2011 (1st come 1st served)
QUERIES TO.....IAN LOCK ...PHONE53393885 (h) 0408501866(Mob) 53393288(Fax)



SCOUTS AUSTRALIA

Victorian Branch

FORM TR1v
Feb 2011

VENTURER TRAINING APPLICATION

Registration Number

Scout Code Number

<p>Name of Applicant Mr <input type="checkbox"/> Miss <input type="checkbox"/></p> <p>Surname</p> <p>First Given Name</p> <p>Second Given Name</p> <hr/> <p>Postal Address.....</p> <p>Town /SuburbP/Code.....</p> <p>Private TelephoneMobile.....</p> <p>Email.....</p>	<p>COURSE APPLIED FOR:</p> <p>Course Title.....</p> <p>Date/s.....</p> <p>Location.....</p> <hr/> <p>Unit</p> <p>District</p> <p>Region</p>
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Date of Birth:

Religion.....

Signature of Applicant.....	Date.....
Signature of Unit.....	Date.....
Signature of Leader.....	Date.....
<u>INFORMATION TO ASSIST COURSE LEADER</u>	
Preferred Name (for course name tag)	
Medical / Physical Limitations of Applicant	
Special Dietary Particulars	

<u>Courses already Completed</u>		
Invested	Yes / No	Date
Venturing Skills Award	Yes / No	Date
Unit Management Course Completed	Yes / No	Date
Initiative Course Completed	Yes / No	Date
Leadership Course Completed	Yes / No	Date

PAYMENT: Please make Cheques payable to Scout Association, Victorian Branch.

Cheque: Cash:

Course Fee \$..... Payment Received \$..... Cash Cheque Receipt No..... Refund No.....