

Before completing this form please ensure you are familiar with the process for Adult Appointments, contained in the Scouts Victoria Info Book.

If you have not had a National Police Records Check completed within the last three years, please attach your 100 points of certified identification to this form. For more information, see **Proof of Identity** [on the website](#).

Your change of appointment will proceed once National Police Records Check has been returned and assessed.

| SECTION A - PERSONAL DETAILS AND CURRENT APPOINTMENT |                |         |
|--|----------------|---------|
| Membership Number:                                   | Role/Position: |         |
| Given Name:  | Surname:       |         |
| Group/Formation:                                     | District:      | Region: |

| SECTION B – APPLYING FOR A NEW APPOINTMENT           |                                    |                                  |
|--|------------------------------------|----------------------------------|
| Role/Position:                                       |                                    |                                  |
| New Group/Formation <i>(tick if same as current)</i> |                                    |                                  |
| Group/Formation: <input type="checkbox"/>            | District: <input type="checkbox"/> | Region: <input type="checkbox"/> |

| SECTION C – APPLYING FOR A SECONDARY ROLE            |                                    |                                  |
|--|------------------------------------|----------------------------------|
| Role/Position:                                       |                                    |                                  |
| New Group/Formation <i>(tick if same as current)</i> |                                    |                                  |
| Group/Formation: <input type="checkbox"/>            | District: <input type="checkbox"/> | Region: <input type="checkbox"/> |

| SECTION D – FURTHER INFORMATION   |       |
|---|-------|
| <b>Training</b> – please identify any training for this new role that is required or that you would find beneficial |       |
|   |       |
|   |       |
|   |       |
| <b>Reason(s) for applying for this role/position</b>  |       |
|   |       |
|   |       |
| Applicant's Signature:  | Date: |
| Requested Commencement Date:  |       |

| APPROVAL BY LEADER IN CHARGE OF NEW GROUP/FORMATION <i>(where the new appointment applies)</i> |  |            |  |
|--|--|------------|--|
| <b>Training Required:</b>  | <input type="checkbox"/> No <input type="checkbox"/> Yes. I/we have discussed the details of this training with the Applicant. |            |  |
| Name: <i>(please print)</i>  |  | Signature: |  |
| Position:  |  | Date:      |  |
| <i>Other comments:</i>   |  |            |  |
|  |  |            |  |

| APPROVAL BY LEADER IN CHARGE OF CURRENT GROUP/FORMATION |  |            |  |
|---|--|------------|--|
| Name: <i>(please print)</i>                             |  | Signature: |  |
| Position:   |  | Date:      |  |
| <i>Comments:</i>  |  |            |  |
|   |  |            |  |
|   |  |            |  |

| AUTHORISATION BY DISTRICT, REGION OR STATE FORMATION <i>(where the new appointment applies)</i> |  |            |  |
|---|--|------------|--|
| Name: <i>(please print)</i>   |  | Signature: |  |
| Position:   |  | Date:      |  |
| <i>Comments:</i>  |  |            |  |
|   |  |            |  |
|   |  |            |  |

**District and Region Team appointments**

- When considering the appointment of a District Team member, the District Commissioner must consult and seek the approval of the Region Commissioner and any appropriate State Commissioner
- When considering the appointment of a Region Team member, the Region Commissioner must consult the appropriate Assistant Chief Commissioner for approval

Email or mail this completed form to the Victorian Scout Centre for processing.

| MEMBERSHIP SUPPORT TEAM USE ONLY                                |  |                         |  |             |  |
|---|--|-------------------------|--|-------------|--|
| Date Received:  |  | Date Extranet Updated:  |  | Updated By: |  |
| Has this Member had a Police Check within the last three years? |  |                         |  |             |  |
| <input type="checkbox"/> Yes - process change <i>(as above)</i> | <input type="checkbox"/> No – send CrimCheck request | CrimCheck request sent: |  |             |  |