**Waiting List Application Form**

All information provided on this form is Private and Confidential. Please complete a separate form for each child.

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| --- |
| What section would you like your child to join?  Please circle the appropriate section |

|  |  |  |  |
| --- | --- | --- | --- |
| Beaver Scouts | Cub Scouts | Scouts | Venture Scouts |
| Aged 6 - 8 | Aged 9 - 11 | Aged 12 - 15 | Aged 15 – 17 |
| Monday Nights | Wednesday Nights | Thursday Nights | Thursday Nights |

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Gender :**  **Male / Female**  **(please circle)** | **Date of Birth** |
| **Parent/Guardian Name:** |  | |
| **Address:** |  | |
| **Mobile Number:** |  | |
| **Landline Number:** |  | |
| **Email Address:** |  | |
| We issue all group & section information by email so please ensure you have given us an up-to-date email address. | | |

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| --- | --- | --- |
| Is either parent or guardian a scouter with 17th/51st Blackrock | Please Circle  Yes No | If Yes, Which Section? |
| If No – would you like to become a Scouter in our Group? Training provided & Garda vetting completed before you start. | Please Circle  Yes No | If Yes, Which Section? |
| Do you have a child in any section of the 17th/51st Blackrock Scout Group | Please Circle  Yes No | If Yes, Which Section? |

Your child’s name will be added to the waiting list of the relevant section as at the date of receipt of this form. Please be advised that you will only be contacted if and when a place becomes available. Thank you.

Please return this form to The Scout Hall, Blackrock Village, Blackrock, Cork