



SCOUTS ACT

The Scout Association of Australia
Australian Capital Territory Branch Incorporated

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APPLICATION FOR SECONDARY APPOINTMENT

DETAILS OF APPLICANT

TITLE	SURNAME	GIVEN NAMES	REGISTRATION NUMBER
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HOME ADDRESS	POST CODE	TELEPHONE	E-MAIL
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CURRENT APPOINTMENT	GROUP/FORMATION	REGION	BRANCH
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ADDITIONAL APPOINTMENT BEING SOUGHT	GROUP/FORMATION	REGION	BRANCH
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I agree to be bound by the same conditions as applied to my original application for appointment and to undertake any further training required for this additional appointment. A Training Plan and Adult Review & Development Plan is attached.

Which Appointment will be your Primary Appointment?

APPLICANT'S SIGNATURE DATE

ACTION BY	SIGNATURES FOR APPROVAL	APPOINTMENT	DATE
Current Group Leader or Scouting Manager			
New Group Leader or Scouting Manager			
Current Region (if applicable)			
New Region (if applicable)			
Branch approval (if applicable)			

NAME OF PERSONAL LEADER ADVISER: