

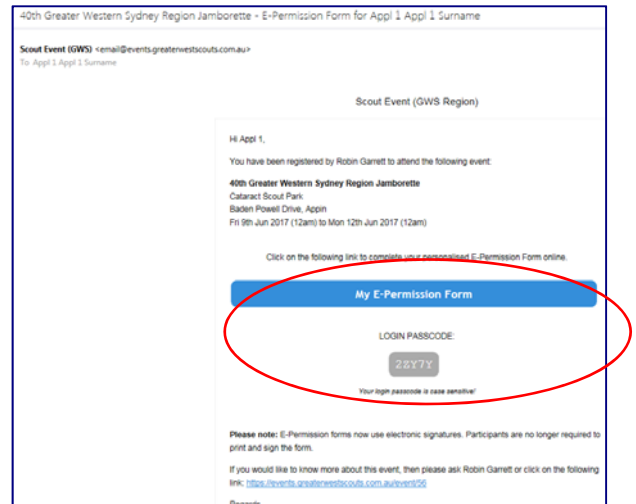
Instruction for Parents/Applicants for Completing the E-Permission

Initial Steps:

The leaders will provide what was Page 2 of the old E1 which will have information about the event, costs and transport arrangements. Parents/applicants will need to provide the participant's correct name, Membership Number and *correct email address* for the parent if applicant is under 18 years old or applicants email address.

Entering Information into the E-Permission:

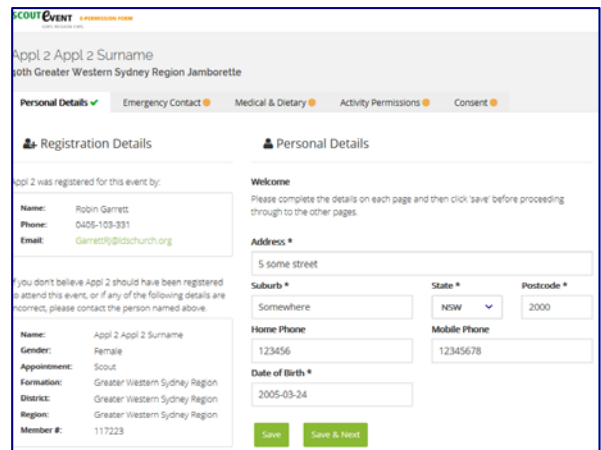
Once the leaders enter this information into the Scout Event system, an automatic email will be sent to the provided email address so this must be correct. In this email, will be a link to go to and log in with the unique code provided.



They will be presented with this sample screen.

This screen has four tabs across the top which will have orange dots till they are filled in. Once filled in correctly they will change to green ticks. The final step, "Consent" cannot be completed till all the other tabs have green ticks. Fields with "*" are required and must have the correct information in them. Any tabs with a red triangle mean required information is missing. The green buttons at the bottom will save only or save and open the next tab.

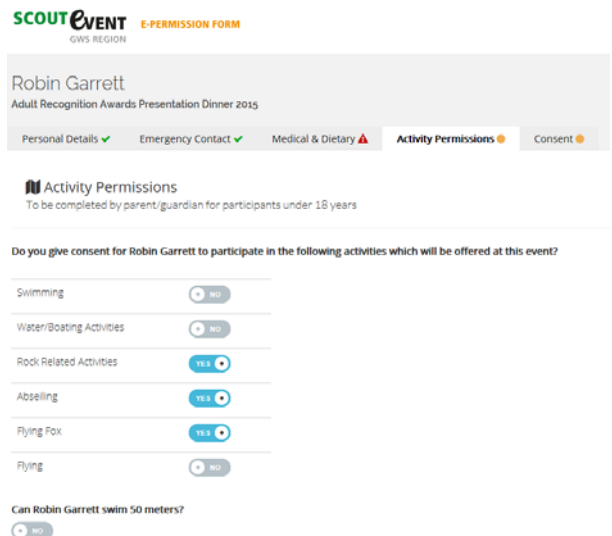
Note the format for date of birth must be in the form of YYYY-MM-DD.



Here is an example of a form with correct information (green ticks), one with missing information (red triangle) and the other tabs still needing to be filled in.

If the applicant is 18 years old or older, the Activity Permissions will not be required and the page/tab missing altogether.

This information as well as all other information, particularly medical, can be updated up to 48 hours before the event at which time the form will be locked. Any changes needed must be notified directly with the Region Office or event co-ordinator.



This is the Consent page/tab which cannot be completed yet due to missing information in the other page.

The screenshot shows the 'Consent' tab of the E-Permission Form. At the top, it displays 'Appl 2 Appl 2 Surname' and '40th Greater Western Sydney Region Jamborette'. Below this are navigation tabs: 'Personal Details' (green check), 'Emergency Contact' (green check), 'Medical & Dietary' (red triangle), 'Activity Permissions' (green check), and 'Consent' (orange circle). A red error message box states: 'Please fix the following errors: 1. 'Medical & Dietary' page has not been completed.'

Once all the information has been correctly entered in and saved, the Consent page will show where you type your name (first and surname fields) as well as a graphic block for you to draw a signature using a mouse or finger (for touch screen devices). There is also a couple of tick boxes to indicate your agreeing to the E-Permission conditions and medical authority. Click those links to see more information.

Once done, click the "Save Form and Finalise" button to complete the E-Permission.

The screenshot shows the 'Consent' tab with the 'Medical & Dietary' tab now green. The 'Consent' section has a 'Consent' icon and a 'Consent' title. Below it, it says 'To be completed by ALL participants or parent/guardian if under 18 years'. There are two checked boxes: 'I agree to the E-Permission Conditions' and 'I agree to the Medical Authority'. The 'Electronic Signature' section has a 'Simply draw your signature in the box below with your mouse (or finger if using a touch screen)' instruction. A signature 'M. Smith' is drawn in a box with a 'Reset' button. Below the signature box are 'Your Name' fields with 'Mary' and 'Smith' entered. At the bottom, a red box says 'Please double check your details are correct before proceeding! Once you click the below button, your completed E-Permission Form will be emailed to (garret2118@yahoo.com) and Robin Garret (GarretR@ndchurch.org)'. A red 'Save Form and Finalise' button is at the bottom.

Once this is done the E-Permission tabs/pages will have green locks on them, your graphic signature, name and date 'signed' appearing.

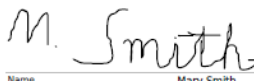
At the bottom, you have a button to download a copy of the E-Permission as well as a button to unlock it in case you need to update anything such as medical information. You can do this up to 48 hours before the event. After this you will need to contact the GWS Region office or Event Co-ordinator.

You should then receive another email which will include the E-Permission form for your information. Remember to give the leaders the correct money, before the due date.

The screenshot shows the 'Consent' tab with all tabs now green. The 'Consent' section has a 'Consent' icon and a 'Consent' title. Below it, it says 'To be completed by ALL participants or parent/guardian if under 18 years'. There are two checked boxes: 'I agree to the E-Permission Conditions' and 'I agree to the Medical Authority'. The 'Electronic Signature' section has a 'Simply draw your signature in the box below with your mouse (or finger if using a touch screen)' instruction. A signature 'M. Smith' is drawn in a box. Below the signature box, the name 'Mary Smith' is displayed, followed by 'Electronically signed on Fri 24th Mar 2017 (9:22pm)'. At the bottom, there are two buttons: 'Download Completed Form' (green) and 'Unlock Form' (orange).

Here is an example of what the E-Permission form might look like if downloaded and/or printed.

This is ***not*** required to be sent into the Region Office.

SCOUT EVENT E-PERMISSION FORM		056-001-0002	
GWS REGION EMS		Appl 2 Appl 2 Surname	
		Scout - 117223	
		Greater Western Sydney Region	
REGISTRATION CONTACT: Robin Garrett Greater Western Sydney Region 0405-103-331 Garrettrj@ldschurch.org		EVENT: 40th Greater Western Sydney Region Jamborette Cataract Scout Park Baden Powell Drive, Appin Fri 9th Jun 2017 (12am) to Mon 12th Jun 2017 (12am)	
PERSONAL DETAILS Name Appl 2 Appl 2 Surname Address 5 some street Somewhere NSW 2000 Home Phone 123456 Mobile Phone 12345678 Date of Birth 2005-03-24 Contact Email garrettrj2118@yahoo.com		MEDICAL & DIETARY If the participant suffers from any chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision can be made for their welfare. Please ensure a responsible leader has any Medical Plans if they apply. Medicare Number 123456789 Date of last Tetanus Injection Unknown Does the participant have any physical disabilities? NO Does the participant have any known allergies, including drugs or food allergies? NO Has the participant any special food requirements? NO Will the participant have any medication at the activity? NO Does the participant suffer from any of the following: Epilepsy NO Diabetes NO Asthma NO	
EMERGENCY CONTACT Name mary smith Relationship to Participant mother Phone Number (Primary) 123456 Phone Number (Secondary) 12345678 Address 5 some street Somewhere		MEDICAL AUTHORITY To be completed by ALL participants or parent/guardian if under 18 years <small>I/We acknowledge that this activity will involve inherent and obvious risks. I/We authorise any officer, member, servant or agent of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named participants, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).</small>	
PARENT CONSENT To be completed by parent/guardian for participants under 18 years Do you give consent for Appl 2 Appl 2 Surname to participate in the following activities which will be offered at this event. Rock Related YES Abseiling YES Flying Fox YES			
ELECTRONIC SIGNATURE Participant Signature (or Parent/Guardian if under 18 years)  Name Mary Smith Date 2017-03-24 20:22:33 I agree to the E-Permission Conditions YES I agree to the Medical Authority YES			
If you have any questions, please contact Robin Garrett (0405-103-331)			