

DARLING DOWNS REVUE

2022 CREW/SUPPORT APPLICATION



CREW/SUPPORT INFORMATION - *Note that fields in Red are required.*

GIVEN NAME: _____
 SURNAME: _____
 PREFERRED NAME: _____ Date of Birth: _____ M F O
 ADDRESS: _____
 SUBURB: _____ Post Code: _____
 CREW MOB: _____ CREW E-Mail ADDRESS: _____
(E-mail address must be current and reliable for the season)

ALL APPLICANTS OVER 18 YEARS AGE Do you hold a Blue Card - Y N
 If Yes complete the following: CARD NO: _____ Expiry Date: _____
 Card issued by Scouts, Guides, Other Organisation (*please specify*): _____

NEXT OF KIN INFORMATION

NEXT OF KIN NAME: _____ PHONE NO: _____
 ADDRESS: _____ CITY: _____
 EMAIL: _____

Please select one of the following:-

- I am a current member of Scouts Qld. I acknowledge that I will have to complete four additional Scouts Australia On-demand training modules as requested by Scouts Qld before I can attend and help out at any rehearsals or activities with Darling Downs Revue.
- I wish to be signed up as a Youth Program Support person with Scouts Qld and either apply for a Working With Children Blue Card or link my existing Blue Card with Scouts Qld. I acknowledge that after being signed up I will need to complete two compulsory and four additional Scouts Australia On-demand training modules as requested by Scouts Qld before I can attend and help out at any rehearsals or activities with Darling Downs Revue. (You will need to fill in additional paperwork in addition to this form)
- I wish to assist, but do not wish to be a member of Scouts Qld or get a Working With Children Blue Card. I acknowledge that I will not be able to attend or assist at any rehearsals or activities that involve Youth Members. I realise that any assistance I provide will not be able to be acknowledged in any form of media. (For those that wish to assist with tasks that are able to be done from your own home.)

Note:- Compulsory Modules - WHS for Scouting, Child Safe Scouting. Additional Modules - Building Resilience, Communication, Bullying, Relationship Skills

SCOUT / GUIDE GROUP: _____ Registration No: _____
Please tick your section SCOUT VENTURER ROVER GUIDE
 LEADER (Guides) LEADER (Scouts) Youth Support PARENT

I submit the following health details for your attention: - Please attach details on an extra sheet if required.

Medicare No: _____ Date of last Tetanus Injection: _____

Details of any health, diet, physical or behavioural issues requiring attention:

Details of any medication and dosage that will be carried:

Please indicate your preferences in the area below. (You may select multiple tasks).

REHEARSALS

Singing Coach Drama Coach Choreography Rehearsal Musician Other

PROPS/SETS CONSTRUCTION

Set Design Construction Painting Other

COSTUMING

Take Measurements Costume Selection Hand Sewing Machine Sewing Cutting

MARKETING

Photography Media/Relations Sponsorship/Grants Ticket Sales Graphics Design

AT THEATRE (Front of House roles in bold)

Ushers Program Sales Canteen Guest Hosting Cast Catering
 Stage Crew Small Props Wardrobe Personal Makeup/Wigs Ironing/Mending
 Stage Manager Musician Sound Crew Lighting Crew Video Crew

CONSENT OF USE OF PERFORMANCE

I understand and acknowledge that my participation in 'Darling Downs Revue' may be incorporated into a sound recording or film. I consent to the making of any sound recording or film of me/my child by representatives of the Darling Downs Revue and authorise The Scout Association of Australia, Queensland Branch Inc, to make use of such sound recording or film to do any of the Acts specified in Section 248G of the Commonwealth Copyright Act 1968:

As part of the general promotion and activities of the Darling Downs Revue, I give permission for the information and images of myself/my child to be published in various locations including, but not limited to, Scouting/Guiding publications, the general media or the Internet.

I have read and understand all the information and details in the 'Information Pamphlet' that was issued with this Application Form. I agree to abide by the Scout/Girl Guide Promise and Law, and Darling Downs Revue 'Code of Conduct', and the directions and decisions of the Darling Downs Revue Executive. I have read, and give permission in relation to, the 'Consent of Use of Performance' (as above).

Signed by Applicant: _____ Date: _____

IF UNDER 18 YEARS OF AGE

(No application form for Under 18 years of age will be accepted without the Parent's/Guardian's Signature.)

I hereby give my approval for my son/daughter to participate in 'Darling Downs Revue' as per the conditions outlined in the Information Pamphlet, the Application Form and the Consent of Use of Performance statement (as above).

In addition, I give my authority as per the following statement:

"In the event of injury to the Youth Member, where reasonable attempts to contact me are unsuccessful, I give authority for such medical treatment to be given to the Youth Member as is recommended by the Medical Practitioner and seems, in the opinion of the leader in charge, to be reasonable and appropriate. I undertake to be responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the Association."

My signature bears witness and understanding to those conditions.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

(If no second signature, please state a reason. for example, single parent): _____

Completed Application Forms are to be sent to:

DARLING DOWNS REVUE 2022, P.O.BOX 6310, CLIFFORD GARDENS, QLD. 4350

Email to: applications@darlingdownsrevue.org.au

Or fill in online at: darlingdownsrevue.org.au

Please note that applications close on 18th September 2022 Page 2 of 2