

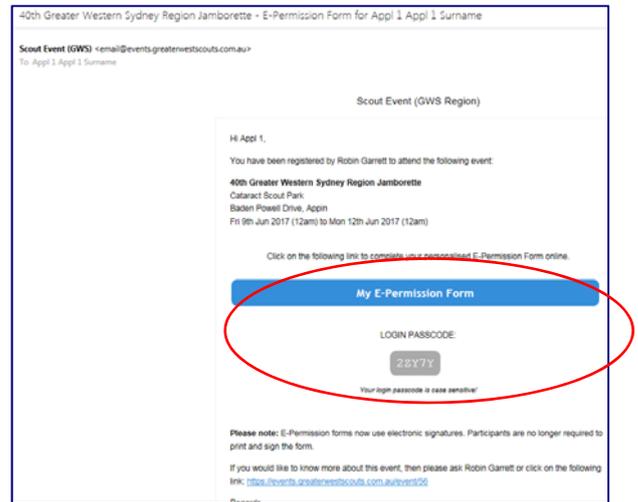
Instruction for Parents/Applicants for Completing the E-Permission

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.

The screenshot shows the "Registration Details" page of the Scout Event E-Permission Form. The page has four tabs at the top: "Personal Details" (with a green tick), "Emergency Contact" (with an orange dot), "Medical & Dietary" (with an orange dot), and "Activity Permissions" (with an orange dot). The "Personal Details" tab is active, showing a "Welcome" message and a form to complete details. The form includes fields for Name, Phone, Email, Address, Suburb, State, Postcode, Home Phone, Mobile Phone, and Date of Birth. The "Date of Birth" field is highlighted in green. Below the form are "Save" and "Save & Next" buttons. A note states: "If you don't believe Appl 2 should have been registered to attend this event, or if any of the following details are incorrect, please contact the person named above." The registration details for Appl 2 are: Name: Robin Garrett, Phone: 0405-103-331, Email: Garrett@idschurch.org, Gender: Female, Appointment: Scout, Formation: Greater Western Sydney Region, District: Greater Western Sydney Region, Region: Greater Western Sydney Region, Member #: 117223.

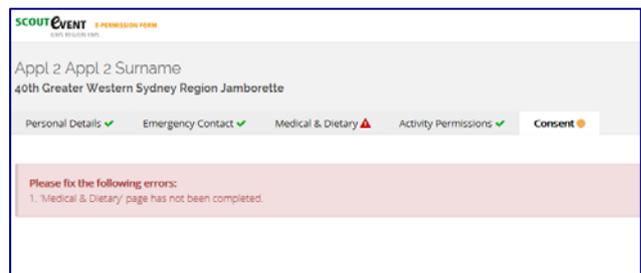
Here is an example of a form with correct information (green ticks), one with missing information (red triangle) and the other tabs still needing to be filled in.

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.

The screenshot shows the "Activity Permissions" page of the Scout Event E-Permission Form. The page has four tabs at the top: "Personal Details" (with a green tick), "Emergency Contact" (with a green tick), "Medical & Dietary" (with a red triangle), and "Activity Permissions" (with an orange dot). The "Activity Permissions" tab is active, showing a "Welcome" message and a form to complete activity permissions. The form includes a section for "Do you give consent for Robin Garrett to participate in the following activities which will be offered at this event?". The activities listed are: Swimming (NO), Water/Boating Activities (NO), Rock Related Activities (YES), Abseiling (YES), Flying Fox (YES), and Flying (NO). Below the activities is a question: "Can Robin Garrett swim 50 meters?" with a "NO" button selected.

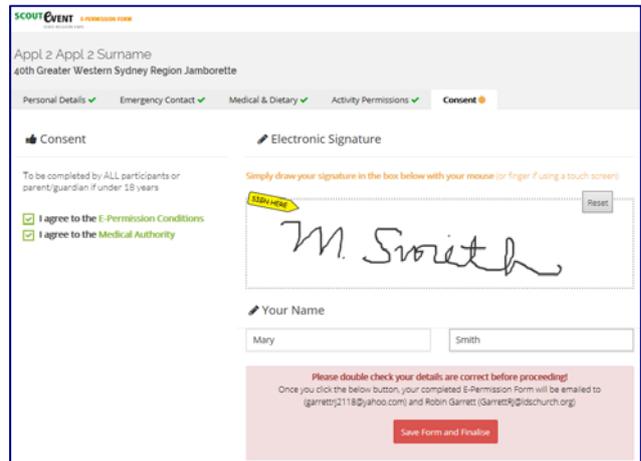
This is the Consent page/tab which cannot be completed yet due to missing information in the other page.



The screenshot shows the 'Consent' tab of the E-Permission Form. The 'Medical & Dietary' tab is highlighted with a red triangle, indicating it is incomplete. 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.

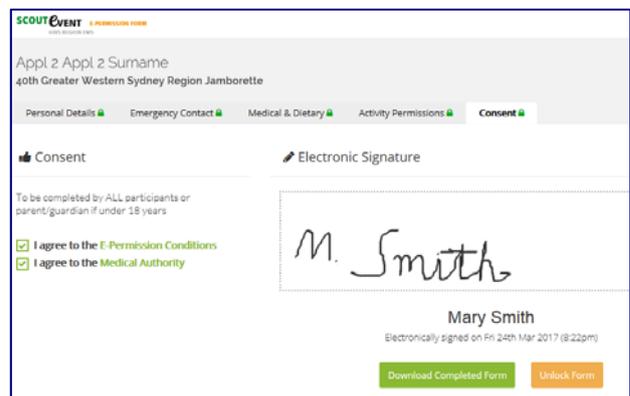


The screenshot shows the 'Consent' tab with the 'Medical & Dietary' tab now green, indicating it is complete. The 'Consent' section has two checked boxes: 'I agree to the E-Permission Conditions' and 'I agree to the Medical Authority'. The 'Electronic Signature' section shows a signature 'M. Smith' in a dashed box. Below it, the 'Your Name' section has 'Mary' in the first field and 'Smith' in the second. A red box at the bottom contains the text: '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 (Personal Details, Emergency Contact, Medical & Dietary, Activity Permissions, and Consent) now green with lock icons. The 'Consent' section has the same two checked boxes. The 'Electronic Signature' section shows the signature 'M. Smith' and the name 'Mary Smith' below it. Below the name, it says 'Electronically signed on Fri 24th Mar 2017 (9:22pm)'. At the bottom, there are two buttons: a green 'Download Completed Form' button and an orange 'Unlock Form' button.

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.

E-PERMISSION FORM <small>GWS REGION EMS</small>		056-001-0002 <small>Appl 2 Appl 2 Surname Scout - 117223 Greater Western Sydney Region</small>																																
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 <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Name</td><td>Appl 2 Appl 2 Surname</td></tr> <tr><td>Address</td><td>5 some street Somewhere NSW 2000</td></tr> <tr><td>Home Phone</td><td>123456</td></tr> <tr><td>Mobile Phone</td><td>12345678</td></tr> <tr><td>Date of Birth</td><td>2005-03-24</td></tr> <tr><td>Contact Email</td><td>garrettrj2118@yahoo.com</td></tr> </table>	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. <table style="width: 100%; border-collapse: collapse;"> <tr><td>Medicare Number</td><td>123456789</td></tr> <tr><td>Date of last Tetanus Injection</td><td>Unknown</td></tr> <tr><td>Does the participant have any physical disabilities?</td><td>NO</td></tr> <tr><td>Does the participant have any known allergies, including drugs or food allergies??</td><td>NO</td></tr> <tr><td>Has the participant any special food requirements?</td><td>NO</td></tr> <tr><td>Will the participant have any medication at the activity?</td><td>NO</td></tr> <tr><td colspan="2">Does the participant suffer from any of the following:</td></tr> <tr><td>Epilepsy</td><td>NO</td></tr> <tr><td>Diabetes</td><td>NO</td></tr> <tr><td>Asthma</td><td>NO</td></tr> </table>		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
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If you have any questions, please contact Robin Garrett (0405-103-331)																																		