



भारत स्काउट एवं गाइड मध्यप्रदेश, राज्य मुख्यालय

शांति मार्ग, श्यामला हिल्स, भोपाल

Website: www.bsgmp.net E_bsgmadhyapradesh@gmail.com Phone ☎: 2661263, Fax: 2737446

क्रमांक / 8159 / रामु / गति-गावि / 2014
प्रति,

भोपाल, दिनांक 23/5/2014

सहायक राज्य संगठन आयुक्त(स्काउट/गाइड)
भारत स्काउट एवं गाइड मध्यप्रदेश
क्षेत्रीय मुख्यालय

विषय :- अन्तर्राष्ट्रीय जम्बूरी ग्रेट बन्या गेदरिंग 2015 आस्ट्रेलिया ।
सन्दर्भ :- राष्ट्रीय मुख्यालय नई दिल्ली का पत्र क्र0/39/2014 दिनांक 13/5/2014

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उपरोक्त विषयान्तर्गत एवं सन्दर्भित पत्रानुसार अन्तर्राष्ट्रीय जम्बूरी " ग्रेट बन्या गेदरिंग कार्यक्रम का आयोजन क्वीन्सलेण्ड आस्ट्रेलिया में किया जा रहा है । अत रुचि रखने वाले प्रतिभागियों के आवेदन संलग्न निर्धारित फार्म दिनांक 31 जुलाई 2014 तक अनिवार्य रूप से भेजे ।

अन्य जानकारी निम्नानुसार है :-

कार्यक्रम का नाम	अन्तर्राष्ट्रीय जम्बूरी ग्रेट बन्या गेदरिंग 2015 आस्ट्रेलिया
अवधि	दिनांक 25/9/2015 से 3/10/2015 तक
स्थान	केम्प समरसेट क्वीन्सलेण्ड आस्ट्रेलिया
पात्रता	दिनांक 1 सितम्बर 2015 तक गाइड्स की आयु कम से कम 12 वर्ष एवं 17 अधिक के न हो के साथ गाइड केप्टिन भाग ले सकेंगे ।
शुल्क	केम्प फीस रु0 60,000/- प्रति सदस्य अनुमानित एअरफेयर व ट्रेवल बीमा 60,000/- प्रति सदस्य अनुमानित प्री और पोस्ट केम्प एक्वीविटी, ट्रेवल, फूट फीस रु0 10,000/- प्रति सदस्य अनुमानित केम्प फीस व ट्रेवल किराया 30 मार्च 2015 तक राष्ट्रीय मुख्यालय नई दिल्ली में जमा करना होगा ।
काशनमनी	काशनमनी रुपये 3000/- डिमांड ड्राफ्ट संचालक भारत स्काउट एवं गाइड राष्ट्रीय मुख्यालय नई दिल्ली के नाम से देय हो । यह राशि वापस नहीं किया जावेगा । विस्तृत जानकारी हेतु राष्ट्रीय मुख्यालय का पत्र संलग्न है ।

राज्य सचिव

भारत स्काउट एवं गाइड मध्यप्रदेश

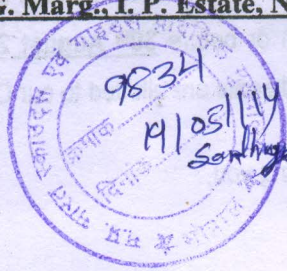
The Bharat Scouts & Guides, National Headquarters,

Lakshmi Mazumdar Bhawan, 16, M. G. Marg., I. P. Estate, New Delhi-110 002

CIRCULAR NO. 39 / 2014

DATED: 13.05.2014

To,
All the State Secretaries
State Associations of
The Bharat Scouts & Guides,
INDIAN UNION



Sub: - "Great Bunya Gathering 2015" at Australia from 25th September to 3rd October 2015.

Dear Sir/Madam,

I am pleased to inform you that Girl Guides Australia is inviting WAGGGS Member Organizations to participate in their International Jamboree "Great Bunya Gathering" from 25th September to 03rd October 2015 schedule to be held at Queensland, Australia.

The details of the event are as below:-

Name of the Event	: "Great Bunya Gathering 2015"
Dates	: 25.09.2015 to 03.10.2015
Venue	: Camp Somerset, Queensland, Australia.
Story of "The Bunya Gathering"	: The Bunya (Araucaria bidwillii) tree grows in South East Queensland to a height of 50 metres or more with the trunk often reaching one and a half metres across in width. The trees produce large cones (about the size of a football) which contain about 50 or more nuts. These flavoursome and nutritious nuts, rich in oils and carbohydrates, could be eaten raw or roasted and ground into flour. For more information http://www.greatbunyagathering.com.au
Participation	: Criteria of Participants: Age 12-17 years Girls by 1 st September 2015 and adult members.
Camp Fees	: \$1055.00 per person (approx. Rs. 60,000/-) This includes: 1. All camp activities, food while at camp 2. All transport costs to and from camp 3. Sleeping gear for camp 4. Mess kit 5. Camp T-shirt 6. Camp hat 7. Camp back pack
Travel Expenses	: As per the current rate of September & October 2015. 1. Air fares & Travel Insurance Rs. 60,000/- (approx.) 2. Pre and post camp activities and travel and food Rs. 10,000/- (approx.)
Caution Money	: You are requested to send the Caution Money of Rs. 3000.00 in favour of Director, Bharat Scouts & Guides payable at New Delhi along with application.
Finance	: Camp fees & Travel cost to be payable to National Headquarters by the end of March 2015.

The application of the candidates duly recommended and forwarded by their State Association should reach the National Headquarters, New Delhi on or before **30th August 2014**. Recommended names will be considered on "First Come First serve basis" as only limited seats are allotted to our Country.

Thanking you,

Yours sincerely,

(S. S. CHAMOLI)

DIRECTOR

15. 2014

Encl: Application Form

Copy forwarded for kind information to:-

All the Office Bearers of Bharat Scouts & Guides, National Headquarters.

Australian International Jamboree

Great Bunya Gathering

Lake Somerset South East Queensland
24/25th September 2015 to 3rd October 2015

QLD Contingent Arrives 24th September

ALL Other States and International Guests arrive on the 25th September

APPLICATION FORM

ELIGIBILITY

- Guides:
- Australian Guides aged 10 – 17 by 1st September 2015
 - International Girl Guides/Scouts aged 12 – 17 by 1st September 2015
 - Member of State Guide Organisation or National Girl Guide/Scout Association
- Olave Members:
- 18-30 years of age
 - Member of State Guide Association
 - Must be endorsed by State Contingent Leader
- Adult Members:
- Registered adult members of State Girl Guide Organisations or other National Girl Guide/Scout Organizations
 - Must be endorsed by State Contingent Leader or International Commissioner

Welcome to Great Bunya Gathering

For all information for the Jamboree please go to the website: www.greatbunyagathering.com.au

Or email us at info@greatbunyagathering.com.au

I look forward to meeting you all and welcoming you to Queensland.

Yours in Guiding

Donna Thompson & Cathy Crittenden
Great Bunya Gathering Conveners

HOW TO APPLY

Once you have completed this application, ensure that parents or guardians (where applicable) sign the Legal Waiver. Leaders and other adult members should sign there themselves.

Payment of the deposit:

- Direct money transfer to
Account Name: Jamboree
BSB: 034-001
Account: 218736
- Credit card by completing the attached Credit Card Form (a surcharge may apply)
- Cheques or money order made out to *Jamboree and sent to PO Box 444 ASHMORE CITY Q 4214*
- Email this form (except for the front 2 pages) to forms@greatbunyagathering.com.au
OR post to:
Administration
Great Bunya Gathering 2015
PO BOX 444
Ashmore City Q 4214
AUSTRALIA

ALL APPLICATION FORMS MUST BE SENT DIRECTLY TO THE ABOVE ADDRESS TO ARRIVE NO LATER THAN 31 November 2014.

Acknowledgement of receipt of your application and deposit will be by way of an email or post. No receipts will be issued.

PAYMENT SCHEDULE

Guides - \$995.00 AUD
Leaders - \$720.00 AUD

Deposit - \$200 within two weeks of registering
2nd payment by 1st December 2014 - \$400
3rd payment by April 2015 - \$395

Plus any additional activity fees

TRANSPORT

Your State Contingent Leader or International Commissioner will contact you about travel to and from Queensland. All travel from port entry into Queensland is included in the event fee.

NEWSLETTERS & Updates

Updated information will be available on the Great Bunya Gathering 2015 website. Check regularly for news! Also follow us on Facebook www.facebook.com/GreatBunyaGathering

MEDICAL OBLIGATIONS

SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ON THE MEDICAL STATEMENT IN ANY WAY PRIOR TO DEPARTURE FOR THE JAMBOREE OT IS YOUR RESPONSIBILITY TO ADVISE YOUR CONTINGENT LEADER IMMEDIATELY OF SUCH CHANGE.

APPLICANTS TO RETAIN THIS PAGE FOR YOUR INFORMATION

Please affix a recent, standard passport-style photograph of the applicant here.

Great Bunya Gathering 2015- PERSONAL DETAILS

(Please print)

Surname: _____ Date of Birth: _____ Male: ☐ Female: ☐
 Given Names: _____ Preferred Name: _____
 Postal Address: Street No.: _____ Street Name: _____
 Suburb/Town: _____ State/Country: _____ Postal Code: _____
 Phone – Home: () _____ Phone – Mobile: _____
 Email Address: _____ Religious Affiliation (optional): _____
 Guide Unit: _____ District: _____ Region: _____
 Membership Number: _____ Expiry: _____

Emergency Contact

Please give details (applicable at the time of the Jamboree) of one person who can be contacted during the Jamboree.

Surname: _____ Given Name: _____ Relationship to you: _____
 Postal Address: Street No.: _____ Street Name: _____
 Suburb/Town: _____ State/Country: _____ Postal Code: _____
 Phone – Home: () _____ Phone – Work: () - _____ Phone – Mobile: _____

Are any direct family members attending the Jamboree?

No: ☐

Yes: ☐

If yes, Name and Relationship:

Travel Arrangements:

I will be travelling with the Contingent to the Jamboree:

☐ Yes

☐ No

I will be travelling with the Contingent home from the Jamboree:

☐ Yes

☐ No

Reason for not using Contingent Travel:

OFFICE USE ONLY
Great Bunya Gathering
Registration No.

T-Shirt Size

☐
☐
☐
☐

92 cm
97 cm
102 cm
107 cm

☐
☐
☐
☐

112 cm
117 cm
122 cm

Hat Size

☐
☐
☐
☐

54 cm
56 cm
58 cm
60 cm

GREAT BUNYA GATHERING 2015 MEDICAL STATEMENT**NAME:** _____

International Participants only – Travel Insurance: Will you be covered by the National Contingent's travel insurance policy? ☐ Yes ☐ No
 Name of Insurance Company (if travelling independently) _____ Policy No. _____

Are you a member of a Private Health Fund? No ☐ Yes ☐

Fund Name: _____

Membership Number: _____

If YES please give details below

Immunisation. It is recommended that you are fully immunized as per the National Health and Medical Research Council schedule. Check this with your doctor and also provide the date of your last tetanus immunization: _____

Do you wear a medical alert necklace/bracelet? No ☐Necklace ☐Bracelet ☐

If YES please give details

Details: _____

Do you have any allergies? (E.g. Drugs, Plasters, Toiletries, Food, Insects) No ☐Yes ☐

If YES please give details

below.

Allergies

Type of Reaction

Treatment

Will you be carrying medication at the Jamboree? No ☐Yes ☐

If YES please give details

below.

Medication

Dose

Reason

Do you use any medical aids? No ☐Yes ☐

If YES please give details

below.

Do you have any special dietary requirements? (E.g. medical, religious, other) No ☐Yes ☐

If YES please nominate diet

below.

1. Diabetic ☐2. Low Cholesterol/low fat ☐3. Vegan Vegetarian ☐4. Fruit Platter ☐5. Low Sodium/low salt ☐6. Low Calorie ☐7. No Lactose/No dairy ☐8. Lacto Ovo Western vegetarian ☐9. Kosher ☐10. Hindu ☐11. Moslem ☐12. Asian vegetarian ☐

OTHER please specify: _____

MEDICAL CONDITIONS

If you suffer from any of the following ailments or conditions, please indicate by placing a tick in the appropriate place, so that provision can be made for your welfare. Please also give details regarding any affirmative answers in the space provided below.

1. Angina ☐2. Arthritis ☐3. Asthma ☐4. Back problem ☐5. Bed wetting ☐6. Behaviour disorders ☐7. Blackouts ☐8. Bleeding disorders ☐9. Blood pressure ☐10. Bronchitis ☐11. Diabetes ☐12. Ear infection ☐13. Epilepsy ☐14. Hay fever ☐15. Hearing disorders ☐16. Heart trouble ☐17. Hives ☐18. Intellectual handicap ☐19. Migraine ☐20. Nose bleeds ☐21. Skin condition ☐22. Sleep Apnea ☐23. Sleep walks ☐24. Spasticity ☐25. Stroke ☐26. Travel sickness ☐27. Tuberculosis ☐28. Ulcers ☐29. Urinary tract infection ☐30. Visual impairment ☐31. Other ☐

Details: _____

Signature of Parents and/or Guardians or Applicant (if over 18 years)

Parent/Guardian: (Applicant)

Date

Parent/Guardian:

Date:

SHOULD YOUR MEDICAL CONDITION CHANGE FROM THE INFORMATION PROVIDED ABOVE ON ANY WAY, PRIOR TO DEPARTURE FOR THE JAMBOREE, IT IS YOUR OBLIGATION TO ADVISE YOUR CONTINGENT LEADER IMMEDIATELY OF SUCH CHANGE.

ADULTS

Leader ☐Olave Member: ☐Other: ☐

Current Position: _____ Guide Name: _____ Occupation: _____

Have you already accepted a role at Jamboree?

No: ☐Yes: ☐

If Yes, please provide details: Role: _____

Current qualifications held (eg: First Aid/Canoeing): Do you currently hold any qualifications that you believe are relevant to your application? If yes, please add details, including Level and expiry date, below:

☐ Yes☐ No**Adult Work Preference** (number at least 6 in order of preference)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Leader on camp | <input type="checkbox"/> Catering | <input type="checkbox"/> First Aid | <input type="checkbox"/> Transport |
| <input type="checkbox"/> On-site Activities | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Off-site Activities | <input type="checkbox"/> Equipment | <input type="checkbox"/> International | <input type="checkbox"/> Security |
| <input type="checkbox"/> Admin | <input type="checkbox"/> Finance | <input type="checkbox"/> Works & Services | Other: _____ |

Current adventurous activity or recreational certificate held:Abseil ☐ Caving ☐ Canoeing ☐ Diving ☐ Other (please ☐ _____)

(Tick only those which will be current at the Jamboree and attach copies of the certificates)

FD Modules attained:

Skills & Experience (All adults to complete – tick as many as applicable)

- | | | | | |
|--------------------------------------|---|--|---|---|
| <input type="checkbox"/> Catering | <input type="checkbox"/> Word Processing | <input type="checkbox"/> Medical – Doctor | <input type="checkbox"/> Interpreter (indicate language): | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Medical – Nursing | <input type="checkbox"/> Electrical | <input type="checkbox"/> Counsellor/Social Worker |
| <input type="checkbox"/> Security | <input type="checkbox"/> Journalism | <input type="checkbox"/> Medical – First Aid | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Retail/Shop | <input type="checkbox"/> Bobcat Driver | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sound & Lighting |
| | | | Other: _____ | |

Heavy Veh. License (Class): _____

Experience at other large Guide events

Event

Year

Role

ACE

fanTAStic

State Camps

Region Camps

 International Events
 (Please list)

LEGAL WAIVER

 (Applicant)

being the Applicant, release, indemnify and hold harmless Girl Guides Association Queensland and its servants, employees and agents, from and against all and any Claim which may be made by the Applicant or by me or any other person on the Applicant's behalf for or in respect of or arising out of any injury or damage (including but not limited to the Applicant's person, whether fatal or otherwise, property and personal belongings) resulting from any act or omission, including negligence, howsoever caused arising out of or in connection with the Applicant's involvement, attendance and participation in **Great Bunya Gathering** or any part thereof being held in Queensland in September 2015.

"Applicant" means the applicant whom, with my approval, is registered as an attendee at **Great Bunya Gathering**.

"Claim" means any action, suit, proceeding, claim, demand, damage, penalty, cost or expense howsoever arising.

"Great Bunya Gathering" means the Jamboree being held in Queensland in September 2015.

- I, hereby apply for Applicant to attend **Great Bunya Gathering**. If the application is accepted, to the best of my knowledge the applicant is fit to participate and has permission to take part in all activities unless I have specifically advised the organizing committee in writing otherwise.
- I undertake that the Applicant will attend **Great Bunya Gathering** only if, to the best of my knowledge, they have not been in contact with any infectious diseases in the three weeks prior to **Great Bunya Gathering**.
- I acknowledge that I have been informed that a copy of the **Guide Guidelines** (a publication containing the policy, organization and rules of Girl Guides Australia) is available for inspection at all Guide venues, that the sections related to program, camping, adventurous activities and policies can be viewed on the Girl Guides Australia website (www.girlguides.org.au) and that I have been invited to read this publication.
- I authorise the Leader-in-charge to obtain first aid, medical, ambulance, dental assistance or treatment, including any anesthetic or blood transfusion, for Applicant in the event of any illness or accident.
Note: All reasonable attempts to make contact with the nominated 'emergency contact' will be made.
- I consent to the release to the health information provided for Applicant to any person who provides medical treatment and care to the applicant whilst participating in these activities.
- I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.
- To the best of my knowledge I have completed this application and the information is correct.
- I agree that photographs may be taken during **Great Bunya Gathering** and consent to these being taken. If I have any concerns about the use of photographs of Applicant I will contact the organisers to discuss these and provide written details of the restrictions on the use of photos.
- Upon the acceptance of the Applicant's registration I agree to pay the camp fee of \$995 for a youth member or \$720 for an adult member.
- I will pay the deposit of \$200 by 2 weeks after registering, 2nd payment by 1st December 2014 and the balance of the camp fee by 1st April 2015.

PAYMENT METHODS

- **Direct Deposit**
Account Name: Jamboree
BSB: 034-001
Account Number: 218736
- Credit card by contacting Girl Guides Queensland on 07 32523061 (a surcharge may apply)
- Cheques or money order made out to "Jamboree" and sent to PO Box 444, ASHMORE CITY Q 4214

All payments, must have their registration number (which is generated when they register – so this will not be needed for the first payment) and the Applicant's full name attached to any correspondence especially monetary.

CANCELLATION POLICY

Upon the acceptance of the Applicant's application the following cancellation policy will apply from the receipt of the written request to cancel:

1. If cancellation is prior to 1st December 2014 **Great Bunya Gathering** will refund 100% of the camp fee less an administration fee of \$150.
2. If cancellation is between 1st April 2015 and 1st June 2015 **Great Bunya Gathering** will refund 60% of the camp fee.
3. If cancellation is after 1st June 2015 **Great Bunya Gathering** will not refund any of the camp fee.

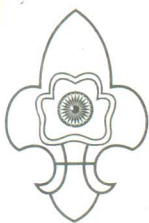
For extenuating circumstances, please apply in writing to **Great Bunya Gathering**, PO Box 444, ASHMORE CITY Q 4214, attaching any relevant documentation such as a medical certificate.

ACCEPTANCE

Parent/Guardian signature

Adult applicant

Date



THE BHARAT SCOUTS AND GUIDES

NATIONAL HEADQUARTERS

Lakshmi Mazumdar Bhawan, 16 M.G. Marg, I.P. Estate, New Delhi-110002

PASSPORT
SIZE
PHOTO

APPLICATION FOR PARTICIPATION IN INTERNATIONAL EVENTS

1. State (Association)	:			
2. Name of the event	:	(a) Dates : (b) Place : (c) Country :		
3. Name in Full as in Passport (in Block Letters)	:			
4. Date of Birth	:	Age	yrs.	Place of Birth
5. Nationality	:			
6. Educational Qualification	:			
7. Details of Passport	:	No.	Valid till	
	:	Date of Issue	Place of Issue	
8. Full Residential Address	:			
	:	State	Pin Code	
	:	Phone No. with City Code		
	:	Fax/E-mail		
9. Name of Scout/Guide Group	:			
10. Married/Unmarried	:			
11. Father's/Gurdian's Name	:			
12. Income	:			
13. Occupation	:			
14. Date when joined the organisation	:			
15. Rank in the Organisation	:			
16. Experience in the Organisation	:			
17. a) Scout/Guide Qualification	:			
b) Training Level upto HWB/ALT/LT	:			
c) Any other qualifications	:			
18. Proficiency in Languages	:	a) Spoken Only :		
	:	b) Spoken as well as written :		
19. Food Habits	:	Vegetarian :	Non-Vegetarian:	
20. Have you taken part in any National/International Conference/Events?	:			
If yes give, Details	:			

21. Any other activities, please
give details with attested
copies of documents : _____
22. Who will bear your
expenses? : _____

(Please attach a certificate to that effect)

DECLARATION

23. I understand the nature and purpose of the event for which I am applying, and (if selected) will assume responsibility for following all the discipline directions and for carrying out my obligations before, during and after the event.

I will share the event as widely as possible with my District and State. I will ensure that the knowledge and skill gained from the event to promote and stimulate further interest in the Scout/Guide programme wherever possible.

(Counter Signature of Parent/Guadian)

Date: _____

(Signature of the Applicant)

Date: _____

Strongly recommended. School has No Objection
in his participation in the event.

(Signature of Head of the Institution)

Date: _____

(Signature of the Distt. Commr. (S/G))

Date: _____

24. RECOMMENDATION OF THE STATE

Recommended :

Signature of the State Org. Commr. (S/G)

Date: _____

Signature of the State Commr. (S/G)

Date: _____

Signature of the State Chief Commissioner

Date: _____

25. Checked and forwarded to National Headquarters along with Caution Money of Rs. _____/- (Not refundable if selected and not participated)

(Rupees _____ only)

Cash/Cheque/D.D. No. _____

Date: _____

Signature of the State Secretary/
Jt. State Secretary

CERTIFICATE BY THE PRINCIPAL ON SCHOOL PAD (LETTER HEAD)

It is hereby certified that Mr./Miss _____
Son/daughter of Mr. _____ is a bonafide student of this
school studying in class _____. He/She has applied for participation in the International Event
(Name of the Event and Country) _____ on
dates : _____ to _____. His/Her request for participation is recommended and the school
has no objection to his/her participation.

Dated: _____

Signature of the Principal
With name & seal of the Institution