

West Sussex Scouts

Adult Leader Training

Please Return to:-

Application to attend a Training Course

Surname:		Mr, Mrs, Ms, Miss	
Forenames:		Name you wish to known by:-	
Address:			
Post Code:			
Telephone Number:		e-mail:	
Appointment:		Length of service:	
Group:		District:	
Any special diet requirements:			
Any special need requirements			
Date of Course:			
Modules Required:		Module 16	
Please note module 16 weekend is residential			

Please note-cancellations must be notified 4 weeks prior to the event or a cancellation fee will be charged

Training Modules Completed and Validated - Please tick

1	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	

Signed by Applicant:		Date:	
Signed by Training Manager:		Date:	

L

From Lorema Wakeling Tel: 01273 833047 e-mail:lorema.training@btinternet.com

I acknowledge receipt of your application to attend the following Module.

Date	Module 16
------	-----------

Joining Instructions will reach you two weeks before the date of the module and you can assume that you are on the course, so please put it in your diary.

Signed:

Dated:

Edition 3 - June 2007