



# SCOUTS®

Creating a Better World

World Organization of the Scout Movement  
Organisation Mondiale du Mouvement Scout  
Всемирная Организация Скаутского Движения  
Organización Mundial del Movimiento Scout  
المنظمة العالمية للحركة الكشفية

## ENTRY FORM FOR ADULT LEADER TRAINING COURSE

Course	Course Name:	2 <sup>nd</sup> Regional Course for Leader trainers							
	Course Venue:	Embu Scouts Training Centre, Embu County , Kenya							
	Course Dates:	21 April to 28 April 2019			Course Recognition Code: RCLT/WSB-AF-SC/02/04/2019				
Personal	Surname:				First Name:				
	Passport No:				Scouting Name:				
	Telephone	Cell:			Land Line:				
	e-mail				Gender:	M:	<input type="checkbox"/>	F:	<input type="checkbox"/>
	Occupation:				Religious affiliation:				
	Any Disabilities:	Y <input type="checkbox"/>	N <input type="checkbox"/>	State if yes:					
	Emergency contact while on course:	Name:				Contact :			
	Allergies:								
	Dietary needs:	Please note only Vegetarian and Diabetic diets can be catered for							
Scouting	NSO								
	Current Position								
	Period in years as:	Cub:	0	Rover:	0	Brownie:	0	Ranger:	0
		Scout:	0	Scouter:	0	Guide:	0	Guider:	0
	Specify other positions held in the movement								
Training	Previous Courses attended and year undertaken								
	Name of course				Year				
Administration	I acknowledge that I have met all the pre-requirements allowing me to attend this course						<input type="checkbox"/>		
	I give consent for any photos or media taken on the course to be used for publicity by the Scout Association						<input type="checkbox"/>		
	I understand that if I don't attend the course and don't notify the training team secretary/administrator at least a week before the course that I cannot attend I will lose my course fees						<input type="checkbox"/>		
	I understand that my course application will only be accepted once the completed application form and proof of course payment is received by the training team secretary /administrator.						<input type="checkbox"/>		
	<b>Please ensure that your application is complete before sending in. Please ensure that all the tick boxes above are checked</b>								
	Form completed by participant - Signature: Adult Resources/ Training Commissioner – Signature:					Date:			
						Date:			
<b>OFFICE USE ONLY:</b> Completed form received by training team on:									