



# Course Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

PLEASE don't leave your application to the last minute. Aim to send this form to your LTM, 4 weeks before the course date. This ensures the staff have details about you in good time and greatly helps with the planning of the course.

## Greater London North Adult Leader Training

Please return application to:

Corinne Dowsett  
76 Eastfield Road  
Waltham Cross  
Herts, EN8 7EX

Tel: 01992 620 172



### Course Applied for:

Getting Started	
First Response	
Child Protection	
Nights Away	
Other module	

### My Section is:

Beaver Scout	
Cub Scout	
Scout	
Explorer Scout	

Course venue:	
Dates:	Times:

## Personal details

Mr	Mrs	Miss	Ms	Other
Surname:				
First Names:				
Address:				
Phone: (Day) (Evening) (E-mail)				
During the course I wish to be known as:				

Scout Group:	
District:	
County:	
Appointment:	
Date of Birth:	Age:
Occupation:	
Any special needs or requirements: (eg. Dietary, religious, physical)	

Previous experience in years

As an Adult leader or Helper:	
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Date of previous course and level

Course:	
Date:	

Mandatory training is currently provided free by county, however should you book a place and not turn up you will be invoiced. A £50 deposit is required for the Nights Away Training course, cheque payable to 'GLN County Training'

Date:	Signature:
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Please arrange for your LTM or DC to counter-sign this application

I am happy with this application:	LTM / DC	Signed  (include address if outside GLN)
Name:	Date:	

Date received:	Acknowledged:	Ref No.
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