



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:
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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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