



NOTTINGHAMSHIRE COUNTY SCOUT COUNCIL

Application Form for Training

The information provided will be used for Scouting purposes only and in accordance with the Data Protection Act 1998.

The closing date for all applications is fourteen days prior to the date of training.

Module Details

Training Ref. Number : _____ Title : **Module 11 – Administration (Section Leaders)**
Dates : _____

Application From

Surname : _____ Mr Mrs Miss Ms Dr. Prof. Rev. Capt.
First Name(s) : _____ Preferred Name : _____
Address : _____ Date of Birth : _____

Home Tele : _____

Alternative Tele : _____

Post Code : _____ Occupation : _____
eMail : _____

I wish to attend the Training as Ongoing Learning : No Yes

My Training Adviser is : _____

Personal Requirements eg. Hearing / Sight / Mobility impairment, Dyslexia,

Declaration by Applicant

I have checked the date(s) and time(s) of my chosen module and I agree to attend the full module.

Signed : _____ Date : _____

Please forward this completed Application Form, together with a £10.00 bond to your Local Training Manager.

The completed form must be received by the LTM at least 14 days prior to the date of training.

Cheques (post dated to the training date) to be made payable to **NOTTINGHAMSHIRE COUNTY SCOUT COUNCIL**

Authorisation by Local Training Manager

I have checked the application and agree to the applicants participation. Ongoing Learning Yes No

Signed : _____ Date : _____
Local Training Manager

The authorised form should now be forwarded to the **County Training Administrator**

For County Training Administrator's Use Only

Application Received : _____

Fee Received (if any) : _____ Cheque No : _____ £ _____

