

SOUTH AFRICAN SCOUT ASSOCIATION - GAUTENG PROVINCE
ENTRY FORM for ADULT LEADER TRAINING COURSES

TO : GAUTENG PROVINCE TRAINING SECRETARY

Bramley Office PO Box 900, NORTHLANDS, 2116 Tel - 011 440-6490/1 Fax - 011 440-6486 Email - jenny@scouting.org.za		Tshwane Office PO Box 35354, MENLO PARK, 0102 Tel - 012 346-8720 Fax - 012 346-8754 Email - tshwane@scouting.org.za
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Please accept my completed application form to undergo the following training :

PLEASE PRINT CLEARLY

COURSE	Course Title								
	Course Dates		Course Venue						
PERSONAL	Surname		Title : Mr/Ms/Miss						
	Scouting Name		First Names						
	Name known by		Home Language	Gender : M / F					
	Date of Birth		ID Number						
	Religion		Denomination	Occupation					
	Postal Address								
			Code						
	Email Address		Fax number						
	Tel numbers (H)		(W)	(C)					
	Group Name		District	Rank					
No of Cubs/Scouts in Pack / Troop		Any Physical Disability? YES / NO	State :						
SERVICE	Period in years as	Cub:	Scout:	Rover:	Scouter:	Brownie:	Guide:	Ranger:	Guider:
	Specify other positions held in Movement								
TRAINING	Training Courses and year in which attended								
	If applying for Cub / Scout Warrant Course, give the		Pre Permit Phase Date	Permit Phase Cert No		Is Skills Card attached? YES/NO			
	If applying for Cub / Scout Wood Badge or Cub Camping and Pack Holiday Course, give the			Warrant Course Cert No			Year completed		
GENERAL	Do you have any special dietary requirements? YES / NO		Specify :						
	SIGNATURE OF APPLICANT :					DATE :			
	NAME OF MENTOR :				GROUP OF MENTOR :				
<p>TO BE COMPLETED BY YOUR GROUP SCOUTER, GROUP CHAIRMAN or COMMISSIONER :</p> <p>I confirm that the applicant has satisfied all the requirements to attend the above course and I recommend him/her as a suitable participant for this course. I also confirm that the details above, have been completed fully, correctly and for the</p> <p>Intro to Adult Leadership Course, an AAA form was submitted on ___/___/___ to _____ Provincial Headquarters.</p> <p>NAME : _____ SIGNATURE : _____ DATE : _____</p> <p>(Group Scouter / Group Chairman / Commissioner)</p>									
<p>PROVINCIAL HQ : Application returned on : / / Reason :</p>									
<p align="center">BANKING DETAILS</p> SASA - Gauteng Nedbank Braamfontein Code : 195 005 Account No : 1950 371 557			Received : R_____ - _____ Cash/ Cheque / Postal Order / Direct Dep				Receipt No		
			Application received and checked by				Course Entry No		
Fax copy of deposit slip, together with Course Entry Form to relevant Head Quarters at Fax no at top of page									