

Greater Manchester West County Scout Council Training Application Form

Course

Date(s)

Applicant's Full Name Mr/Miss/Mrs/Ms

Preferred name

Email Address (Where course instructions may be sent)

Address

Post Code

Telephone No.

Date of birth

Occupation

Hobbies/Interests

Scouting Details:

Present Scouting Appointment

Group

District

County

Length of time in this appointment

Membership Number

Do you have any special needs/dietary requirements?

Training Adviser:

Name

Telephone Number

Applicant's signature _____ Date _____

Application approved by LTM _____ Date _____

Fee enclosed [Cheques payable to GMW CSC] _____

This completed form (and course fee should be sent to John Gilpin, 181, Urmston Lane, Stretford, Manchester M32 9EH) days at least 17 days prior to the course date. Late applications will not be accepted due to the amount of planning/preparation needed to run the courses. Please apply early.

For Office Use Receipt No. _____ Ack'd _____ Crse List _____ JI sent _____