

Greater Manchester West County Scout Council Training Application Form

Course

Date(s)

Full Name **Mr/Mrs/Miss/Ms***

Preferred name

Email Address

Address

Post Code

Home telephone number

Mobile number

Date of birth

Occupation

Hobbies/Interests

Scouting Details:

Present Scouting Appointment

Group

District

County

Length of time in this appointment

Time in Scouting/Guiding as a **young person:** **adult:**

Do you have any special needs?

Training Adviser:
Name

Telephone Number

Your signature _____ **Date** _____

Application approved: Training Adviser (or LTM) _____ **Date** _____

Fee enclosed _____

[Cheques to be made payable to GMW CSC – Please return completed form to:
John Gilpin. LTM. 181, Urmston Lane, Stretford, Manchester. M32 9EH.

For Office Use