

# APPLICATION TO ATTEND AN ADULT TRAINING MODULE



*All Information will be treated confidentially*

Please complete the application in BLOCK CAPITALS and send it to: Mrs Margaret Bye, County Training Administrator, 131 Wakefield Road, Gildersome, LEEDS, LS27 7HH enclosing a S.A.E. if you wish confirmation in advance of joining instructions.

## Section 1 - PERSONAL DETAILS

<b>Surname:</b> Mr/Mrs/Miss/Ms	<b>Forenames:</b>
<b>Name by which you wish to be called on the module:</b>	
<b>FULL ADDRESS: (including postcode)</b>	
<b>TELEPHONE NUMBER:</b>	<b>E-MAIL:</b>
<b>AGE:</b>	<b>DATE OF BIRTH:    /    /</b>
<b>OCCUPATION:</b>	
<b>Do you have any illness or disability? If yes, please give details</b>	
<b>Do you have any special dietary requirements? If yes, please specify</b>	

## Section 2 - APPOINTMENT DETAILS

<b>WHAT IS YOUR ROLE:</b>
<b>SCOUT GROUP:</b>
<b>SCOUT DISTRICT:</b>
<b>HOW MANY YEARS EXPERIENCE DO YOU HAVE AS AN ADULT MEMBER OF THE SCOUT MOVEMENT?</b>
<b>WHO IS YOUR TRAINING ADVISER?</b>

*Please continue overleaf*

### Section 3 - MODULES APPLIED FOR

	Date		Date
3 Tools for the Job (Leaders)		20 Administration (Manager)	
4 Tools for the Job (Managers)		21 Growing the Movement (Manager)	
5 Fundamental values		22 Section Support (Managers)	
6 Changes in Scouting		23 Safety for Managers & Supporters	
7 Valuing diversity		24 Managing Adults	
8 Skills of Leadership		25 Assessing Learning	
9 Working with adults		26 Supporting Adults (Managers)	
10 First Aid		27 Instructing Practical Skills (Trainers)	
11 Administration (Section)		28 Facilitating (Trainers)	
12 Balanced Programme		29 Presenting (Trainers)	
13 Growing the Movement (Section)		30 Supporting Local Learning	
14 Young people today		31 Planning a Learning Experience	
15 Challenging behaviour		32 Delivering a Learning Experience	
16 Nights away		33 Planning a Learning Provision	
17 Activities outdoors		34 Managing a Learning Provision	
18 Practical skills		36 Special Needs	
19 International			

### Section 4 - APPLICATION

I apply for a place on the modules above

Signed:

Date:



**For County Training Administrator's Use Only**

Application Received		Fee Received (if any)	
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