



## SOUTH AFRICA SCOUT ASSOCIATION APPLICATION TO ATTEND A SCOUT TRAINING COURSE

**COURSE** \_\_\_\_\_ **VENUE** \_\_\_\_\_

**DATE** \_\_\_\_\_ **APPLICANT** BOY GIRL  
(PLEASE TICK)

**PLEASE FILL IN THIS SECTION CLEARLY IN PRINTED CAPITALS:**

**FIRST NAME** \_\_\_\_\_ **POSTAL ADDRESS** \_\_\_\_\_

**SURNAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **POSTCODE** \_\_\_\_\_

**AGE** \_\_\_\_\_ **YEARS/MONTHS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**GROUP** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**RANK** \_\_\_\_\_ **TIME AS PL** \_\_\_\_\_

**ADVANCEMENT LEVEL** \_\_\_\_\_

**LIST BADGES WHICH YOU HOLD:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**GRADE LEVEL** \_\_\_\_\_

**RELIGIOUS DENOMINATION** \_\_\_\_\_

**MEDICAL CONDITION** \_\_\_\_\_

**CONSENT**

I, \_\_\_\_\_ (NAME) apply to attend the above Course.

**SIGNED** \_\_\_\_\_  
(SCOUT)

I approve of my child/ward attending the above Course. The following are his/her disabilities and/or special requirements:

**SIGNED** \_\_\_\_\_  
(PARENT/GUARDIAN)

|  |  |
|--|--|
| <b>RECOMMENDATION</b>                              |  |
| I recommend this Scout to attend the above Course. |  |
| <b>NAME</b> _____<br>(TROOP SCOUTER)               | <b>PHONE</b> _____                     |
| <b>SIGNED</b> _____<br>(TROOP SCOUTER)             | <b>SIGNED</b> _____<br>(TROOP SCOUTER) |
| <b>FOR USE BY AREA HQ</b>                          |  |
| <b>DATE RECEIVED</b> _____                         | <b>FEES PAID</b> R _____               |
| <b>LETTER OF ACCEPTANCE SENT:</b>                  | <b>DATE</b> _____                      |

**COURSE FEE & PARENT CONSENT FORM MUST ACCOMPANY THIS FORM**