

SOUTH AFRICAN SCOUT ASSOCIATION

Western Cape Province

Application to Attend Adult Leader Training Course: F1/08



1. COURSE DETAILS

Permit	Warrant	W/ Badge	Section	Specialist Courses	Course Dates

2. PERSONAL DATA

Surname													Name												
Address																			Post Code						
Date of birth					ID Number									Gender											
Occupation					Religion									Diet/Allergies											
Telephone					Fax									Mobile											
E-Mail																									

3. SCOUTING INFORMATION

District				Group				J/B. ground Cert. #			
Rank				Reg. Number				W/Wareness Cert #			
Permit Cert. #				Warrant Cert. #				M/Awareness Cert #			
W. Badge Cert. #				First Aid Cert. #				Charge Cert #			
Other Cert.				Cub Camping Cert #				Springbok [Yes or No]			

3. SIGNATURES

Applicant's Signature				Date			
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I.....certify that the applicant has completed all the pre-course requirements for the course & skills card is attached
PRINT NAME

District Commissioner's Signature				Date			
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4. FOR PROVINCIAL USE

Receipt Number				Date received			
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Return the application to:

Email: capewest@scouting.org.za Fax 0866261526