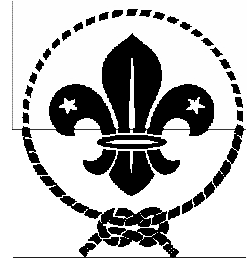


SOUTH AFRICAN SCOUT ASSOCIATION

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]	

4. 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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**Please contact your Course Leader within 5 days after the closing date, if you haven't heard from us!
 Or contact the APC ALT: nimmy@scouting.org.za**

Receipt Number		Date received	
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Return the application to:

Email: capewest@scouting.org.za Fax 021 5916849