

Application Form (2017)

Module(s) you wish to apply for: Date of Module Workshop:
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Your Name	Preferred Name (for Badges)
Scout Association Membership Number	
Address	
Post Code	Tel. No
E Mail Address <small>(this email address will be used to send you joining instructions)</small>	

Current Role in Scouting (eg DC, ADC, CSL, ACSL etc)	
Group	District
Length of Adult Service	years
Modules previously validated (please tick the ones you have already validated)	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	
Are you currently working towards the OCN Qualification? YES/NO	

Please give below details of any facts that workshop organisers would need to be aware of to ensure any of your special needs are met (eg special diets, illnesses, physical or sensory disabilities, allergies, or the need for any adjustments to reading, or display materials used in workshops) <u>Continue overleaf if required.</u>
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Your signature	Date
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Please return to:

by e-mail to: jane.scouttrainingnorfolk@gmail.com

Please only apply for these adult training modules if you are 18 or over at the time of the event.