



AYRSHIRE AREA SCOUT COUNCIL TRAINING TEAM

COURSE APPLICATION FORM Delete Items Marked (*) as Required

Module(s) applied for:- _____

Course date: - _____

Surname: - _____ First Name(s): - _____

Address: - _____

Postcode: - _____ Telephone Number: - _____

Date Of Birth: - _____ E-Mail: - _____

District: - _____ Group: - _____

Appointment: - _____ Time in Position: - _____

Previous Courses Attended: - _____

Special Needs or Dietary Requirements: - _____

Training Advisers name:- _____

Signed: - _____ Date: - _____

Fee Enclosed: -£ _____ cash/ cheque *

Full course fee should be sent with application, cheques should be made payable to "Ayrshire Area Training Team". Places will not be booked unless fees accompany this form. In the event of you not attending the course, refunds will be made at the discretion of the course director/LTM.

Approval

I hereby approve the above for the course indicated.

T.A.'s Signature: - _____ Date: - _____

After signing please send form and cheque to relevant LTM, **before** closing date for applications. Late applications will not be accepted.

Admin. Use

Received:- _____ Acknowledged:- _____

Receipt no.:- _____

Details Passed to Course Director:- _____ Attended:- YES/NO*