



SOUTH WEST SCOTLAND TRAINING COURSES

Training Course applications

If you are interested in attending a course you should fill in the attached application form and send it to the person mentioned in the training diary. All applications should be sent to the course leader at least 4 weeks prior to the course. Please help us by applying on time. Unless you are told otherwise the course will start at 10.00am. Registration, and coffee!!, will be available from 9.30am. Nights Away will start on the Friday evening and full details will be given out by letter.

If it is a day course you should bring a packed lunch. Tea, coffee biscuits etc will be provided.

Names and addresses for all of the team are given below. All the training dates contact details and applications forms are on the regional website on www.scouts-southwestscotland.org.uk

Contact List

- Annette Waddington, 2 Hillcrest, Stewarton KA3 5EE 01560 482770
annettewad@aol.com
- Ian Mitchell, Rosemere, 1 Nelson Street, Dumfries DG2 9AY 01387 267609
icgmitchell@btinternet.com
- Violet Service, Muiryard, Twynholm Kirkcudbright DG6 4PQ 01557 860283
violet.service@mypostoffice.co.uk
- Iain Matheson, Stroma, 4 Doonview Wynd, Ayr KA7 4HY 01292 440382
Iain.Matheson@scotland.gsi.gov.uk
- Brenda McKeand, 97 North Drive Troon KA10 7DN 01292 315963
bmckeand@aol.com
- Margaret Craik, 10 Earlswood Avenue Irvine KA11 2FE 01294 214733
margaret.craik01@btinternet.com



SOUTH WEST SCOTLAND TRAINING TEAM

COURSE APPLICATION FORM

Module(s) applied for _____

Course date: - _____ Venue:- _____

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

Address: - _____

Postcode: - _____ Telephone Number: - _____

Emergency Contact Number for the duration of the course - _____

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

District: - _____ Group: - _____

Appointment: - _____ Time in Position: - _____

Previous Courses Attended: - _____

Special Needs or Dietary Requirements: - _____

Training Advisers name - _____

Signed: - _____ Date: - _____

In the event of you not attending the course, refunds will be made at the discretion of the course director/ARC (AT)

Admin. Use

Received:- _____ Acknowledged:- _____

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