Scouts Australia, Victorian Branch Sailing & Power Boating Unit GENERAL APPLICATION FOR TRAINING COURSE AND ASSESSMENT

Please print neatly - Note that applications will not be accepted unless all required information is provided. Given Names Surname Preferred Name M/F Date of Birth Occupation Postal Address Post Code Telephone: Home Bus. If available E-mail if available Scout Membership Reg. No. Region District Group Section Particulars of Course (Type and Level) Dates Location A response must be made to each box in this Section Height, cm Weight, kg Please complete and return a Personal Information Record and Health Form Religion **Emergency Contact During Course** Telephone Mobile if available Name Parent/Guardian Signature (if under 18 years of age) Previous Water Activity Courses Attended Level Date Boating experience Applicants Signature Group Leader Approval For Office Use Only Date received Acknowledged Fee paid Other notes