



# LEADER TRAINING APPLICATION

## SCOUTS AUSTRALIA VICTORIAN BRANCH

REGISTRATION NUMBER

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**FORM TR1**

SCOUT CODE NUMBER

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Mr Mrs Ms Miss

SURNAME

FIRST GIVEN NAME

SECOND GIVEN NAME

**COURSE APPLIED FOR**

|                 |          |
|-----------------|----------|
| SECTION         | DATE/S   |
| TITLE OF COURSE | LOCATION |

*Applicants for Introduction to Scouting Seminars should note that acceptance for this course must not in itself be interpreted as an authorisation to act as an Adult Leader in the Scout Association or to purchase and wear Scout Uniform.*

**APPLICANT'S PARTICULARS**

|                         |                |                                    |  |
|-------------------------|----------------|------------------------------------|--|
| HOUSE NUMBER AND STREET |                | GROUP                              |  |
| TOWN/SUBURB             | POSTCODE       | DISTRICT                           |  |
| PRIVATE TELEPHONE       | FAX NUMBER     | REGION                             |  |
| BUSINESS TELEPHONE      | E-MAIL ADDRESS | PRESENT / INTENDED LEADER POSITION |  |
| OCCUPATION              | RELIGION       | DATE OF BIRTH                      |  |

|                                      |      |
|--------------------------------------|------|
| SIGNATURE OF APPLICANT               | DATE |
| GROUP OR DISTRICT APPROVAL           | DATE |
| DISTRICT CONFIRMATION OF ELIGIBILITY | DATE |

**INFORMATION TO ASSIST COURSE LEADER**

PREFERRED NAME (For Course Name Tag)

MEDICAL / PHYSICAL LIMITATIONS OF APPLICANT

SPECIAL DIETARY PARTICULARS

To assist the Training Course Team with planning please indicate below what you feel are your particular needs

KNOWLEDGE NEEDS

SKILLS NEEDS

OTHER NEEDS

PRIOR LEARNING RELEVANT TO COURSE

**PAYMENT DETAILS**

|   |  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|---|--|-------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| METHOD OF PAYMENT<br><input type="checkbox"/> CHEQUE<br><input type="checkbox"/> CASH<br><input type="checkbox"/> CREDIT CARD | DETAILS FOR CREDIT CARD PAYMENT<br>TYPE OF CARD<br><input type="checkbox"/> BANKCARD<br><input type="checkbox"/> VISA<br><input type="checkbox"/> MASTERCARD |                               | NAME ON CARD _____<br>CARD NUMBER<br><table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> EXPIRY DATE<br><table border="1"> <tr> <td> </td><td> </td><td> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  | PLEASE NOTE:<br><br><i>Credit Card payments are only available for Branch nominated Training Courses.</i> |
|   |  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|   |  |                               |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| COURSE FEE \$   | AMOUNT ENTERED \$  | CARD HOLDER'S SIGNATURE _____ |   |  |  |  |  |  |  |  |  |  |  |  |  |  |   |

**FOR OFFICE USE**

|                                      |                                 |                                 |
|--------------------------------------|---------------------------------|---------------------------------|
| OFFICE NOTES                         |                                 | DATE RECEIVED                   |
|                                      |                                 | DATE PHONE APPLICATION RECEIVED |
|                                      |                                 | ACKNOWLEDGED                    |
|                                      |                                 | DATE COURSE LETTER SENT         |
|                                      |                                 | RECEIPT NUMBER                  |
| A1 CLEARANCE DATE                    | DATE COURSE COMPLETED           |                                 |
| CERTIFICATE OF ADULT LEADERSHIP DATE | COURSE CODE                     | CERTIFICATE NUMBER              |
| <b>COURSE REPORT</b>                 |                                 |                                 |
|                                      | OTHER ACTION REQUIRED _____     |                                 |
| COURSE SATISFACTORILY COMPLETED      | _____                           |                                 |
| <input type="checkbox"/> YES         | _____                           |                                 |
| <input type="checkbox"/> NO          | COURSE LEADER'S SIGNATURE _____ |                                 |

**NOTES REGARDING TRAINING COURSES**

**Lodgement of Completed Application Form**  
 Completed Original Form and Full Payment mailed to Office conducting Course [see below]  
*or*  
 Facsimile of Completed Form sent to Office conducting Course with Credit Card details completed (*Branch courses only*)  
*or*  
 Facsimile of Completed Form sent to Office conducting Course with Original Form and Full Payment sent by mail  
*or*  
 Group Leader books Applicant in by telephone to Office conducting Course with Original Form and Full Payment sent by mail

**Closing Date**  
 The closing date for all Courses is 3 weeks prior to the commencement of the Course

**Payment**  
 Full Payment is required when lodging Completed Form.

**Course Details and Joining Instructions**  
 These will be sent to the Participant's address approximately 10 days prior to the commencement of the Course.

**Notes**  
 For special conditions, eligibility to undertake Course and Course Fee information please refer to the current 'Info Book' or Training Calendar.

**Privacy**  
 Information provided on this form will be made available to the training course team and contact details may be provided to other trainees.

**Please lodge this Application as follows**

**REGION COURSES: (Introduction to Scouting, Basic Sectional Techniques and Elective Modules)**  
 To the Office of the Region conducting the Course. For address refer to 'Info Book'.

**COUNTRY COURSES: (Basic Sectional Techniques)**  
 To Victorian Branch Scout Training Office      Postal Address:      PO Box 190 Carlton South Vic 3053  
 50 Barry Street, Carlton South 3053      Facsimile Number:      (03) 9349 2499

**COUNTRY COURSES: (Introduction to Scouting and Elective Modules)**  
 To the Region conducting the Course.

**DISTRICT COURSES: (Technical Training Tasks, Practical Skills Modules)**  
 To ARC Adult Training and Development or DL Adult Training Support of the District conducting the Course.  
 Addresses from Region Offices or Branch Training Office.

**ALL ADVANCED COURSES AND OTHER VICTORIAN BRANCH COURSES:**  
 To Victorian Branch Scout Training Office      Postal Address:      PO Box 190 Carlton South Vic 3053  
 50 Barry Street, Carlton South 3053      Facsimile Number:      (03) 9349 2499