



GLSE Training Application Form

Module(s):

Course date(s):

1. Title:

Forename:

Surname:

2. Personal Details

Address:

Postcode:

Telephone:

Email:

Occupation:

Age:

Date of Birth:

3. Scouting Details

Section:

Scout Group Name/Number:

District:

County:

Present Scout Appointment:

Service (in years):

4. Needs

Dietary (For Catering purposes):

Medicines being taken:

National Health Number:

Doctors details(Address/Tel):

5. Emergency contact details:

Next of Kin/Name:

Relationship to you:

Address:

Tel:

Mobile:

6. Training details

Modules attended so far:

My Training Adviser is

Name:

Address:

Postcode:

Telephone:

Email:

7. Confirmation

Signed:

Date:

Please post completed form and attach a deposit for £25/£35 (Cheques payable to GLSE Scouts) to:

Mrs Trisha Webb
28 Greenlands
St. Mary Platt
Kent
TN15 8LL