

**Hereford and Worcester Scout County
Training Course Application Form (2016)**



I wish to apply for the following training:

Module Number(s)

Module Name(s)

Date of Course(s): To be held at:

Forename(s): Dr/Mr/Mrs/Miss/Ms
(please underline the name by which you wish to be known)

Surname: Maiden Name:

Address:

 Date of Birth
Occupation:

Post Code: Home Telephone:

Mobile: e-mail:

Scouting Appointment District:

Scout Group: HQ Membership No.

When does your DBS disclosure expire? (dd/mm/yy)
(Please note that attendance on a training course requires a current disclosure)

Previous Scouting/Guiding Experience (please give details):

| | |
|-------------------|-------------------|
| Youth experience: | Adult experience: |
|-------------------|-------------------|

Special Dietary Requirements:

Details of any illness or disability:
(in confidence)

| | |
|--|-------------------|
| Emergency Contact Name: <small>Who will be available while you are on the training course</small> | |
| Relationship: | Contact Number(s) |

Name & Tel. No. of Training Adviser:

| | |
|---------------|-------|
| Signed: | Date: |
| Applicant: | |
| Line Manager: | |

**Applications may be made by email to: dccas@hwscouts.co.uk or by post to:
John Day, Deputy County Commissioner, 1 Brookmill Close, Colwall, Malvern, Worcs., WR13 6HY**

If the application is by email please provide the date when you notified your Line Manager

Please note that there are two elements to completing each training module:
Attendance at, or completion of, the relevant training, AND
validation of your learning by your Training Adviser

The closing date for applications for most courses is three weeks before the date of the course. However, the closing date for the modules 16/38 course and the modular weekends is TWELVE weeks before the start of the course.