



Scouts Australia NSW
 Level 1, Quad 3
 102 Bennelong Parkway
 Sydney Olympic Park NSW 2127
 P O Box 125
 Lidcombe NSW 1825

Ph: 02 9735 9000 Fax: 02 9735 9001
 e-mail: info@nsw.scouts.com.au

TRAINING COURSE APPLICATION

INSTRUCTIONS

1. Completed application and payment for full course fees must be sent directly to the Region or State Office listed as responsible for the course in the Adult Training Calendar.
2. Applications must be received before the closing date advertised in the Adult Training Calendar.

COURSE DETAILS	
Course Number	4 1 0 <input type="text"/> <input type="text"/> 1 0 <input type="text"/> <input type="text"/> 0 0 6 (as shown in the Adult Training Calendar)
Course Name	Venturer Scout Unit Management Course
Course Dates	12 September 2010 (Closing August 27) Course Fee \$20.00
Location	1st Oakville Scout Hall Apply To GWS

APPLICANT'S PERSONAL DETAILS	
Membership No _____	Title _____ Family Name _____
Given Names _____	Preferred Name _____
Mailing Address _____	
Town/ Suburb _____	State _____ Post Code _____
Home Phone _____	Work Phone _____ Mobile _____
Date of Birth _____	Age (years) _____ Religion / Denomination _____
E-mail _____	Occupation _____

APPLICANT'S SCOUTING DETAILS	
Service in Scouting / Guiding	1) As a youth member _____ years 2) As an adult Member _____ years
	Current Proposed
Position / Appointment	Venturer Scout _____ (eg Venturer Scout, Rover, Group Chairman, Cub Scout Leader) (if this course is for another appointment you are transferring to)
Section	Venturer Scout _____
Formation	_____
Region	_____

PRE-COURSE ADMINISTRATION (OFFICE USE ONLY)	Application Received	Acceptance Sent
		Eligibility Checked

PAYMENT	
Please charge my	<input type="checkbox"/> BankCard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Diners Club
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name on Card	_____ Expiry Date ____ / ____
Amount	_____ Signature _____
OR My	<input type="checkbox"/> cheque <input type="checkbox"/> Money order Is attached (payable to "Scouts Australia")

PLEASE COMPLETE BOTH SIDES OF FORM

COMPLETION OF PREREQUISITES:

Please list **dates** of the prerequisite courses (as listed in the Adult Training Calendar) you have completed. Please note: your attendance at this course may not be allowed if the prerequisite course(s) have not been satisfactorily completed.

Course	Date	Course	Date

IMPORTANT INFORMATION:

In case of accident please give the name of a relative or friend who may be contacted

Name	Relationship to Applicant	Phone	Mobile

Please give details, either in the space provided or in a sealed envelope addressed to the "The Course Leader" and attached to this application form, of any physical disability, condition, special diet or other need about which the Course Leader should be aware.

Will you need accommodation for the evening prior to the course commencing ? Yes No

Will you need accommodation for the evening after the course concludes ? Yes No

Please give details of any Special Skills that you have, relevant to this Course

PARENTAL CONSENT (IF APPLICANT UNDER 18 YEARS OF AGE):

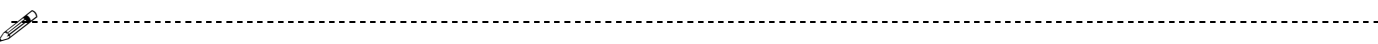
I consent to (Applicant) _____ attending the (Course) _____
on (dates) _____ at (Location) _____

I consent to his/her participation in: swimming activities water/boating activities (if applicable)

I authorise any officer, member or servant of The Scout Association of Australia, New South Wales Branch, in the event of any accident or illness to obtain such urgent medical assistance or treatment for the above named youth member, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said Association on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said Association under any policy of insurance).

Signature of Parent/Guardian: _____ Date: _____

APPLICANT'S SIGNATURE: _____ Date: _____



Trainee Name _____		Membership No _____											
Course Name _____		Course Number <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
State Office Use Only	Credit Details Received	Processed	Receipt Number										