## SRI LANKA SCOUT ASSOCIATION APPLICATION FOR PHASE I (INTRODUCTION) COURSE

Note On eligibility (for strict compliance)

- i. Age Not less than 18 years on the date of commencement of course.
- ii. Education
  - G.C.E. (O/L) passes in six subjects or higher qualification.
- **iii.** Recommendation from non related persons who should be from among the following.
  - A). A Viharadhipathi or Officiating dignitary of a Church, Kovil or Mosque,
  - B). A member of Sri Lanka Scout Council
  - C). A warranted member of the Sri Lanka Scout Association not below the rank or District Scout Commissioner of a Headquarters Professional Body.
  - D). Accredited member of a professional Body.
    - OR
  - A). Recommendation from the person in charge (GSL) of the Scout Group already in which the applicant is attached or intends joining to carry on scout activities.
  - B). If the applicant is from another District the approval of the District Commissioner, Asst. District Commissioner (Training) are required.

## **Application Form**

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Name with initials (Rev/Mr./Mrs./Miss)																						
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2.	<b>2.</b> District you belong to																					
3.	3. Address (Private)																					
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Section Applied fo	r (✓)
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Cub	
Scout	
Rover	

**Reference No.** 

5. Address (Official)													
6. Age & Date of Birth : $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$													
7. Educational Qualification :													
8. Professional Qualification:													
9. Employment :				· · · · · ·	· · · · · ·	· · · · · ·	· · · · · ·	· · · · · ·	· · · · · ·	· · · · · ·	· · · · · ·	• • • • • • •	
<b>10.</b> Scout/ Guide records :	10. Scout/ Guide records :												
12. Are you attached to a Pack or Troop at present ? If yes address of such pack/Troop													
I hereby undertake to devote at least two hours each week in a pack/Troop for a period of six months immediately following of the course to gain eligibility for further training.													
I have attached recommendations t	wo non –	- related	l perso	ons.									
Date Signature of Applicant													
RECOMMENDATION BY SCHOOL													
The applicant named above as engaged in scouting activities in my institution and has also agreed to continue to do scouting after the completion o his training. I recommended his participation in the above course.													
Date				F	rinc	ipal	/Spo	nsoi	ring	Autl	norit	У	
Ι	RECOM	MEND	ATIO	ONS	BY	DIS	TR	ІСТ					

We approve the application (Signature & Frank seal)

ADC (Training)

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District Commissioner

Name	:	Name :
District	:	District:
Date	:	Date :