

SRI LANKA SCOUT ASSOCIATION - APPLICATION FOR THE PHASE II

RESIDENTIAL TRAINING COURSE

QUALIFICATIONS

REFERENCE NO

- 01. Should have completed the phase I of the Training course
- 02. Should have completed at least a One (1) month period of service after the Phase 2 Pre seminars.
- 03. Should not have exceeded a period of two years after the Phase 2 Pre seminar.
- 04. Should have obtained a Warrant or should have made an application to the National Scouts Headquarters.
- 05. Should have Completed the assessment and obtained the respective Asst. District Commissioner (Training) approval (1-5 ,Trainers hand book)
- 06. When applying for the phase II course you should have obtained the approval of the Asst. District Commissioner (Training) of your District

APPLICATION FROM

Payment Receipt No		
Date of Pre Course		
Meal (✓)	Veg.	N.Veg

Section applied (✓)			
Singithi	Cub	Scout	Rover

01. Name : Rev/ Mr./Mrs./Miss.
(With initials)

02. Private address:

Email

Telephone : Mobile :
Home :

03. Age & Date of Birth: D M Y

04. District: Post held as Scout:

05. Scout Group and address:
.....
.....

06. Educational Qualifications:
.....
.....

07. Professional Qualifications:
.....
.....

08. Occupation:

09. Office address:
..... Telephone No:

10. I. NIC No:

II. Closest / Private Address to be contacted in on emergency

.....
.....
.....

11. Details of the Phase I Course.

1. Date:
2. Place:
3. Course Leader:
4. Date of Seminar:

Details of the Phase 2 Pre Seminar:

1. Date :.....
2. District :.....
3. Place :.....
4. Course Leader:.....

12. Warrant Number Date of issue

13. Course fee Rs.Cash / Cheque / M.O.....bearing No.....has been annexed.

I certify that the above information is correct, I will work accordingly to complete the future training programme and I promise to serve the Sigithi group/Cub pack / Scout group / Rover Crew to foster their progress with Commitment to their programmer.

.....
Signature of Applicant

.....
Date

Approval

.....
Principal / Head of Institute
Signature and seal

.....
Group scout leader

Date:.....

Approval and Forwarded

.....
Asst. District Commissioner (Training)
Signature and seal

.....
District Commissioner
Signature and seal

Date:.....

Date:.....