

Leadership Training Course for Senior Scouts
From 21st to 23rd October 2021
In Virtual and Hybrid Platform
Participants Application

1. Name in Full of participant:
2. Name with Initials:
3. Date of Birth: Date... Month... Year.....
4. National/Postal ID No. Date of Issue.....
5. Personal Address:
6. Telephone No. Land: Mobile:
7. E mail address:
8. Scout District:
9. Name of Scout Group:
10. Address of Scout Group:
11. Date of admission to the Scout Troop: Date.....Month.....Year.....
Age: Years Months Days
12. Date of completed the Membership Badge: Date..... Month Year
Age:Years.....Months.....Days
13. Date of completed the Scout Master's Award: Date..... Month Year
Age:Years..... Months Days
14. Date completing the Group Scout Master's Award or the Scout Award:
: Date MonthYear..... Age: YearsMonths.....Days.....
15. Date of completing the District Commissioner's Award or the Chief Commissioners Award:
Date.....Month.....Year..... Age:Years.....Months.....Days.....
16. Date started work in Bushman's Thong or Prime Minister's Scout Award:

Date.....Month.....Year.....

Age:Years.....Months.....Days.....

17: Compulsory Proficiency Badges which you have already completed to win Bushman's Thong

Or Prime Minister's Scout Award:

1. One from either Education or Culture Group One from Sports group:

Name of Badge:Date of pass:

Date.....Month.....Year.....

- 2.) One from Farmer/Seaman/Airman Group

Name of Badge:Date of pass:

Date.....Month.....Year.....

- 3.) Civics badge

Name of Badge:Date of pass:

Date.....Month.....Year.....

- 4.) Venture Badge – Not compulsory due to COVID 19 -can be completed after the course. (this should be the last test to be done to complete the requirements for the Bushman's Thong and the Prime Minister's Scout Award:

Name of Badge:Date of pass:

Date.....Month.....Year.....

18. District /National/International Scout Events participated:

Event	Venue	Dates
1.
2.
3.
4.
5.
6.

19. Your Born Talents/ Special Talents/Hobbies/

Ex:

Music.....

Dancing.....

Drawing/Art.....

Compeering Singhala/Tamil/English.....

Singing Singhala/ Tamil/English

IT/ PP Presentations

Knots/Pioneering/Hiking/Camping/.....

20. Your future ambitions:

21. Special Awards Received /Special Achievements /.....

Herewith I certify that the above information true and correct. I am willing to participate in this course and try to do my best to achieve all goals according to the rules and regulations of the course.

Signature of the Applicant.

Date

Approvals and Recommendations
Recommendation of the Physician

Herewith I recommend Senior Scout
OfDistrict is in good health and he is fit to participate at the
above mentioned 1st Leadership Training Course for Senior Scouts with outdoor activities.
(Special comments:)

..... Signature of Physician Name of Physician Date
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Approval from parent

Herewith I grant permission to my son/Daughter Senior Scout.....
To participate in the 1st Leadership Course for Senior Scouts organized by Sri Lanka Scout
Association
As mentioned above and I agreed all rules and regulations of the course.

..... Signature of parent/Guardian Name of Parent/Guardian Date
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Approval from Scout Master/Group Scout Master /Principal

We grant permission to Senior Scout of our Scout Group.....
to participate at the above mentioned 1st Leadership Training Course for senior scouts organize by
Sri Lanka Scout Association.

..... Signature of Scout Master Date Signature of Group Scout Master Signature of Principal
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**Approval from Assistant District Commissioner (Programme)
and District Commissioner**

We nominate and recommend senior Scout
ofScout Group in..... District to
participate at the above mentioned 1st Leadership Training Course for Senior Scouts organized by
Sri Lanka Scout Association.

..... Signature of the ADC (Programme) Name: Signature of District Commissioner Name: Date
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