

(For office use only)
Cheque No.
Date of received
<input type="radio"/> Accepted <input type="radio"/> Rejected

<b>1. Course Applied</b>			
Course No.		Course Name	

<b>2. Personal Particulars</b>						
Name	English		Sex		Occupation	
	Chinese		Age		I.D. Card No.*	
Correspondence Address						
Contact No.	Office		Residence		Pager/Mobile	
	Fax		E-mail Address			

Remarks: \*For Instructor, Lay Member and others without Warrant only.

<b>3. Education Level</b>			
<input type="checkbox"/> Below Form 5	<input type="checkbox"/> Form 5 or equivalent	<input type="checkbox"/> Form 6, Form 7 or equivalent	<input type="checkbox"/> Associate degree or sub-degree certificate/diploma
<input type="checkbox"/> Bachelor degree	<input type="checkbox"/> Postgraduate certificate/ Postgraduate diploma	<input type="checkbox"/> Master degree	<input type="checkbox"/> Doctoral degree

<b>4. Scouting Experience</b>									
Present Rank		Section		Unit / Group		District		Region	
Warrant No.				Scout Membership Card No.					
Experience#	<input type="checkbox"/> Grasshopper Scout	<input type="checkbox"/> Cub Scout	<input type="checkbox"/> Scout	Total yrs	<input type="checkbox"/> Cadet	yrs	<input type="checkbox"/> Leader	yrs	
	<input type="checkbox"/> Venture Scout	<input type="checkbox"/> Rover Scout			<input type="checkbox"/> Instructor	yrs	<input type="checkbox"/> Commissioner	yrs	

Remarks: # Please put a  in an appropriate box.

<b>5. Training Background</b>						
Section of Wood Badge(s) obtained#	<input type="checkbox"/> Grasshopper Scout	<input type="checkbox"/> Cub Scout	<input type="checkbox"/> Scout	<input type="checkbox"/> Venture Scout	Cert. No.	
	<input type="checkbox"/> Rover Scout	<input type="checkbox"/> Non-sectional Leader	<input type="checkbox"/> Commissioner			
Section of Wood Badge Training being applied#	<input type="checkbox"/> Grasshopper Scout	<input type="checkbox"/> Cub Scout	<input type="checkbox"/> Scout	<input type="checkbox"/> Venture Scout		
	<input type="checkbox"/> Rover Scout	<input type="checkbox"/> Non-sectional Leader	<input type="checkbox"/> Commissioner			

Remarks: # Please put a  in an appropriate box.

<b>6. Additional information which may help the course leader to consider the application</b>

<b>* Please refer to the remarks and notes for application overleaf before you sign this form.</b>			
<b>*If applicant is under 18 years old, please complete overleaf Parent's Consent Form.</b>			
Applicant's Signature	If applicant is a youth member, please endorse with Leader's Signature and Group Chop.		
	Leader's Signature		Group Chop
	Name of Leader		
Date		Position	

Please print your name and mailing address

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Remarks**

1. The personal data and other related information provided by applicants by means of the application forms will be used by the Association for dealing with application for participation in the course and future communication. The provision of personal data and other related information by means of the application form is voluntary. However, if applicants do not provide adequate and accurate data we may not be able to process the application.
2. Application form will normally be destroyed 6 months after completion of the course.

## **Notes for Application**

1. Please refer to information in circulars of each course.
2. Please use crossed cheque for any payment to the organized body :  
  
Scout Association of Hong Kong
3. Please attach copies of the prescribed certificates and crossed cheque for each application to the application form and submit to Leadership Training Institute before the deadline.

**家長同意書**  
**Parent's Consent Form**

**課程資料**  
**Course Data**

舉辦日期

Date : \_\_\_\_\_

舉辦地點

Venue : \_\_\_\_\_

內容

Content : \_\_\_\_\_

**聲明**  
**Declaration**

本人已清楚上述課程之主要內容，且確知敝子弟之健康情況適宜參與有關活動。  
現同意敝子弟\_\_\_\_\_（姓名）參與上述課程。

I certify that I have acknowledged the content of the above course and the health condition of my son /daughter is suitable for the activity. Thus, I hereby agree \_\_\_\_\_ (Name of applicant) to participate in the above course.

特別健康情況（例如敏感、哮喘等）

Special health condition (e.g. allergy, asthma etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

家長／監護人簽署

\*Parent / Guardian's Signature : \_\_\_\_\_

日期

Date : \_\_\_\_\_

家長／監護人姓名（正楷）

\*Name of Parent / Guardian : \_\_\_\_\_

緊急聯絡電話

Emergency Contact No.: \_\_\_\_\_

(in block letters)

\* 請刪去不適用者

Please delete the inappropriate

\*\*\*\*\*

備註 Remarks

1. 申請表格內填報的個人及其他有關的資料，會供本會處理申請參與課程及有關的用途。在表格內提供的個人及其他有關資料純屬自願。然而，如果沒有正確或足夠的資料，本會可能無法處理有關的申請。  
The personal data and other related information provided in the application form will be used by the Association for dealing with the application for participating in the course and other related purposes. The provision of personal data and other related information by means of the application form is voluntary. However, we may not be able to process the application if no accurate or adequate data is provided.
2. 在一般情況下，報名表將於課程完成後6個月銷毀。  
Application form will normally be destroyed 6 months after completion of the course.