

1. Course Applied			
Course No.		Course Name	Theory Sessions on "Islands of Healing" and "Exploring Islands of Healing"

2. Personal Particulars						
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.

3. Scouting Experience							
Present Rank		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	<input type="checkbox"/> Cadet	Yrs	<input type="checkbox"/> Leader	Yrs
	<input type="checkbox"/> Venture Scout	<input type="checkbox"/> Rover Scout	Total yrs	<input type="checkbox"/> Instructor	Yrs	<input type="checkbox"/> Commissioner	Yrs

Remarks: # Please put a in an appropriate box.

4. Training Background									
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	<input type="checkbox"/> Rover Scout	<input type="checkbox"/> Non-sectional Leader	<input type="checkbox"/> Commissioner	Cert. No.	
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		
Wood Badge Courses completed for the Section being applied									
<i>Wood Badge Courses</i>				<i>In-service Training</i>					
Course	Cert. No.	Date	In-service Training	Cert. No.	Date				
General Information Course									
Basic Course / Fundamentals & Leadership Training Course/ Fundamentals Training Course			Basic In-service Training						
Intermediate Course/ Sectional Skills Course			Intermediate In-service Training						
Advanced Course			Advanced In-service Training						

Remarks: # Please put a in an appropriate box.

5. Wood Badge Recognised Skill Course(s) completed					
Title of Course	Cert. No.	Date	Title of Course	Cert. No.	Date
1.			2.		

6. Additional information which may help the course leader to consider the application

* Please refer to the remarks and notes for application overleaf before you sign this form			
Applicant's Signature		Date	

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 training 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 training 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 Wong Siu Sang Leadership Training Centre before the deadline.