

	<h1>Application to Undertake Adult Training</h1>	<h1>TR1</h1> <p>V20220525</p>
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Applications must be received at Scouts WA Admin Office **3 WEEKS prior** to commencement date of course.
If a TR2 form is required to apply for travel assistance to this course, it must be submitted at the same time.

All appropriate On Demand Learning is required to be completed before lodging the TR1 form. If On Demand Learning is not completed the TR1 will be returned for resubmission, once the On Demand Learning is completed.

Member Details		Member Number	
First Name		Surname	
Appointment		Formation	
Address			
Suburb		Postcode	
Phone			
Email Address			

<p>The following courses are practical (face to face) courses and a TR1 form must be signed by the Trainee and Group Leader prior to being sent to Training Coordinator (Head Office). If you're a YLDP participant, the Branch Commissioner YLDP can sign off on your behalf. Please note you may only apply for one course per TR1 form.</p>			
Course Type	Course Name (Please specify type)	Location	Start Date
Training Course			

Endorsement	Printed Name	Signature	Appointment	Date
<p>I verify all of my details are correct on MyScout. I acknowledge to be accepted onto the course, I must complete the course prerequisites prior to the course cut-off date. I accept there are withdrawal fees for withdrawing from the course within 21 days prior to the course start.</p>				
Applicant				
<p>I verify all of the trainee's details are correct on MyScout, that they have demonstrated satisfactory performance and have completed the course prerequisites. I endorse them attending this course.</p>				
Group Leader or BCYLDP				

Emergency Contact			
First Name		Surname	
Relationship to Trainee			
Emergency Contact Address			
Suburb		Post Code	
Phone Number			
Email Address			

SCOUTS WA	133 Scarborough Beach Rd, MT HAWTHORN WA 6016 Tel: (08) 6240 7700	Email: training@scoutswa.com.au	Website: scoutswa.com.au
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Health Information**Medical Issues**

Please list health and fitness characteristics of applicant (physical limitations) that course staff should be advised of, including any medication that will be brought to the course.

Known allergies

Please list any known allergies and list in detail any special requirements to be observed in relation to these allergies.

Dietary requirements

Please list any dietary requirements. For special diets please provide examples, brand names or types of what is able to be eaten to assist in catering purposes.

Has the trainee been immunised for Tetanus in the past 5 years?

Yes No

If NO, can the trainee be given a Tetanus injection should the need arise?

Yes No **Health Fund Details** (Hospitals may require the following information)

Medicare Number		Medicare Card Expiry Date	
Private Health Fund Name			
Private Health Fund Number			
Ambulance Fund			

Final Agreement

Printed Name

Signature

Appointment

Date

I accept that there is no cost to Leaders completing Scouts WA Adult training. However, a withdrawal within seven days commencement of the course, or non-attendance at the course will result in a \$50 penalty being levied to the Group.

Unavoidable circumstances can be discussed with the Training Coordinator.

I give permission for the trainee to attend the Scouting activity, and for the Leader in charge of the activity to seek medical assistance for the trainee should the need arise. I have read and agreed to the terms of the Scouts WA Liability Statement (Waiver) located at <https://scoutswa.com.au/policies-procedures/>

Applicant

I give permission for a youth member under my care to attend this training course, subject to the course prerequisites and the rules of the course.

Parent / Guardian

(where trainee is under 18 years old)