

**TRAINING AND PROGRAMME  
DEPARTMENT**

**'GETTING STARTED COURSE'**

**APPLICATION FORM**



**THE *scout*  
ASSOCIATION  
OF MALTA**

<b>For Official Use only</b>		<b>Course N°</b>	<b>Commencing On</b>
<b>Personal Details</b>	<b>Name &amp; Surname:</b>		<b>Appointment N°</b>
<b>Address:</b>			
<b>Post Code:</b>	<b>Date of Birth:</b>	<b>Age:</b>	<b>ID Card N°</b>
<b>Tel N°s:</b>	<b>Home:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>E-Mail :</b>			
<b>Group:</b>	<b>Section:</b>	<b>I confirm the above information</b>	_____ <b>Signature</b>
<b>Group Scout Leader's Confirmation</b> I confirm the above information and that the applicant is an active Adult Leader of the Group		_____ <b>Date:</b>	_____ <b>Signature</b>
<b>District Commissioner Training Advisor's Approval</b> I acknowledge and approve this application	_____ <b>District:</b>	_____ <b>Date:</b>	_____ <b>Signature</b>
<b>For Official Use only</b>	<b>Received On:</b>	<b>Not/Approved:</b>	<b>Course Fee:</b>
<b>Paid On:</b>	<b>Receipt N°:</b>		<b>Signature:</b>

***Privacy Policy:** All information collected through this application form shall remain confidential and will not be distributed to third parties.*

**THE *scout* ASSOCIATION OF MALTA**  
*Full Member of the World Organisation of the Scout Movement*

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