

APPLICATION FOR APPOINTMENT

(Please use BLOCK letters)

Surname		Name		
ID Card	Mobile		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email				
Group				
Current Rank	<input type="checkbox"/> Registered Leader		<input type="checkbox"/> Support Leader	
	<input type="checkbox"/> Asst. Section Leader		<input type="checkbox"/> Section Leader	
Current Section	<input type="checkbox"/> Group <input type="checkbox"/> Beavers		<input type="checkbox"/> Cubs <input type="checkbox"/> Troop <input type="checkbox"/> Ventures <input type="checkbox"/> Rovers	
	<input type="checkbox"/> Other:			
Applying For	<input type="checkbox"/> Registered Leader		<input type="checkbox"/> Support Leader	
	<input type="checkbox"/> Asst. Section Leader		<input type="checkbox"/> Section Leader	
Section Applying For	<input type="checkbox"/> Group <input type="checkbox"/> Beavers		<input type="checkbox"/> Cubs <input type="checkbox"/> Troop <input type="checkbox"/> Ventures <input type="checkbox"/> Rovers	
	<input type="checkbox"/> Other:			

Other Courses:

Course Name	Expiry	Course Name	Expiry
First Aid Certificate		Food Handling Licence Cat.B	
<i>Please note that this application will not be processed if the above are expired</i>			

Police Conduct Certificate (should not be older than 6 months):

Certificate Date	Certificate Number
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Disclaimer:

On receiving this Appointment, I agree to be bound by the conditions and regulations as laid out in the Association's Policy, Organisation & Rules (POR). This Appointment will be valid for **five years** from the date of issuance, unless terminated before this period of time has elapsed.

Signature of Applicant	Date of application
<i>Unless already cancelled, previous Appointments are to be enclosed with this application form.</i>	

Island Headquarters

Pjazza E.S. Tonna, Floriana, FLN 1480, Malta.

Tel: 00356 2122 4334 - Fax: 00356 2125 1382 - Email: info@scout.org.mt - Web: www.scout.org.mt - VO 0311

Proposal from the Group:

The applicant is considered fit and proper to guide the Group's members. The undersigned Group Scout Leader certifies and recommends the applicant is suitable to hold the Appointment here applied for.

Signature of Group Scout Leader	Date

Proposal from the Sponsoring Authority:

The applicant is considered fit and proper to guide the Group's members. The undersigned certifies and recommends the applicant is suitable to hold the Appointment here applied for.

Signature of Sponsoring Authority	Date
Credentials of Sponsoring Authority:	

Proposal from the District Commissioner:

The applicant is considered fit and proper to guide the Group's members. The undersigned certifies and recommends the applicant is suitable to hold the Appointment here applied for.

Signature of District Commissioner	Date
Comments:	

Acceptance of Application – Commissioner for Training & Programme

The application for an Appointment as applied for and as above recommended is hereby accepted.

Signature of Training Commissioner	Date

Acceptance of Application – Chief Commissioner

The issuance of the Appointment as applied and recommended is hereby authorised.

Signature of Chief Commissioner	Date
Appointment Number	<input type="checkbox"/> Certificate Issued <input type="checkbox"/> Scoutkeeper Updated <input type="checkbox"/> Copy of Certificate for Training Records