BOY SCOUTS OF THE PHILIPPINES

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"Laging Handa"

APPLICATION TO ATTEND ADULT LEADER TRAINING COURSE

Title of Training: _____
Venue of the Training: _____
Date of the Training: _____

Personal Information:
Name: _____
(Last Name) *(First Name)* *(Middle Name)*
Mailing Address: _____
Sex: _____ Age: _____ Civil Status: _____ Occupation: _____
Scouting Region: _____ Council: _____
Scout Membership Registration Status:
Expiry Date: _____ Membership Certificate No.: _____

Scouting Unit: *(for Adult Leaders – KL/ TL/ OA/ RL)*
Scouting Institution: _____ Scouting Position: _____
Address: _____
Number of Registered Scouts within the Unit for the current year: _____

Training Requirements for Course Applied: *(tick Training Course being applied)*

☐ **For Advanced Training Course:**
a. BTC No.:_____ Date and Venue: _____

☐ **For Course for Manager of Learning:**
a. BTC No.:_____ Date and Venue: _____
b. ATC No.: _____ Date and Venue: _____
c. Basic Training Courses assisted:

BTC Number	***Date***	***Venue***

☐ **For Course for Manager of Training:**
a. CML No.: _____ Date and Venue: _____
b. Basic and Advanced Training Courses facilitated:

BTC Number	***Date***	***Venue***

ATC Number	***Date***	***Venue***

The Boy Scouts of the Philippines adheres to the general rules and principles of RA 10173, also known as the Data Privacy Act of 2012. By filling-out and affixing your signature to this form, you consent to collecting and using your data and personal information. Rest assured that your information will be treated with the utmost respect and confidentiality.

_____
Signature of Applicant / Date

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LOCAL COUNCIL ACTION

After verification of the above information, we hereby recommend acceptance to attend the course.

_____	_____	_____
Council Training Commissioner	Date	Council Scout Executive

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REGIONAL COORDINATION OFFICE ACTION

Processed by: _____ Noted by: _____
Date: _____ Regional Youth Development Officer

Note: *Application for ATC shall be processed by the Regional Coordinating Office.*

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NATIONAL OFFICE ACTION

Processed by: _____ Noted by: _____
Date: _____ YDO V - FOD

Note: *Application for CML and CMT shall be processed by the National Office.*