



Liverpool North Young leaders Unit



Registration Form

Personal Details

First Name		Surname	
Date of Birth		Male / Female	

Email		Parent/Guardian 1	
Mobile Number		Contact Number	
Home Number		Email	
Address		Parent/Guardian 2	
		Contact Number	
		Email	

Doctors Name		Telephone	
Address		Medical Information (please use separate sheet if required)	

Scouting Details

Beaver	YES / NO	Group	
Cub	YES / NO	Group	
Scout	YES / NO	Group	

Section Assisting as YL	
Group	
Section Leader	

Meeting Place Address		Day and Time of Meetings	
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Liverpool North Young leaders Unit Young leader Training log



Personal Details

		Date Complete	Signed off
A	Prepare for take off!		
B	Taking the lead		
C	That's the way to do it!		
D	Understanding Behaviour		
E	Game on!		
F	Making scouting accessible		
G	Programme plans		
H	Programme plans plus		
I	What did they say?		
J	Within Module G		
K	First Aid		

	Mission 1		
	Mission 2		
	Mission 3		
	Mission 4		

	YL Belt		
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I confirm the above information is true and accurate and I give permission for the above to be retained on file and shared within the scout association as necessary. By signing I also give permission for the scout association to contact me for reasons including but not limited to training events or young leader forums. Should the above information change in any way, I confirm I will inform the ESL (YL) as soon as practicable in order that my details are up to date.

Signed

Signed		Date	
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This form is the property of Liverpool North District Scouts. Should this form be found, please return to Stephen James, ESL (YL), Liverpool North District, 5 Scotia Road, Liverpool, L13 6QJ