

BOY SCOUTS OF THE PHILIPPINES
National Office
Manila

APPLICATION TO ATTEND

ADVANCED TRAINING COURSE (ATC)
COURSE FOR MANAGERS OF LEARNING (CML)
COURSE FOR LEADER TRAINERS (CMT)

_____	_____
Title and Course No.	Region
_____	_____
Venue	Council

Date	

Name: _____ Nickname: _____
(Surname) (Given Name) (Middle Name)

Mailing Address: _____

Cellphone No. _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Civil Status: _____ Religion: _____ Occupation: _____

Business Address: _____

Fax No. _____ E-Mail: _____ Tel. No. _____

Scouting Position: _____ Unit & No. _____

Registration Status: Expiry Date _____ Cert. No. _____

Training Certificates received to qualify you to attend this course:

For ATC – Phase 3 Completion or

Training Assignment Certificate No. _____ Date issued: _____

For CALT – Wood Badge Cert. No. _____ Date issued: _____

For CLT – Assistant Leader Trainers Cert. No. _____ Date issued: _____

Date filed	Signature of Applicant
------------	------------------------

LOCAL COUNCIL OFFICE ACTION

After verification of the above information, we hereby recommend the acceptance of the above-named Scouter to attend the aforementioned course.

Recommending Acceptance:

Endorsed:

Deputy Council Scout Commissioner for Training

Scout Executive/OIC

Date

REGIONAL OFFICE ACTION

Verified:

By: _____

Date: _____

Approved: _____

Regional Scout Director

NATIONAL OFFICE ACTION

Processed:

By: _____

Date: _____

Noted: _____

Director

Program & Adult Resources Dev't Division