



APPLICATION FOR
A CERTIFICATE OF ADULT LEADERSHIP

PARTICULARS OF APPLICANT

MEMBERSHIP NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

SURNAME: (Please print) .....

FIRST GIVEN NAME: .....

SECOND GIVEN NAME: .....

ADDRESS: .....

Postcode: .....

APPLYING FOR APPOINTMENT AS: .....

Group: .....

District: Region: .....

Applicant's Signature: Date: .....

APPROVAL OF GROUP (To which new appointment applies)
Recommend for Appointment by Sponsoring Authority: Date:
(If Sponsored Group)
Recommended by Group Leader: Name Signature: Date:

District and Region Team appointments. When considering the appointment of a District Team member, the District Commissioner must consult and seek the approval of the Region Commissioner and any appropriate ARC. For the consideration of the appointment of a Region Team member, the Region Commissioner must consult the appropriate Branch Commissioner for approval. For consideration of an appointment of a District Commissioner, the Chief Commissioner must be consulted.

RECOMMENDED BY DISTRICT /REGION (in which the Appointment applies)
The District Personnel Committee has met this applicant and satisfied itself that the applicant is fitted, by character and previous history and appropriate training, to be entrusted with the care of young people in the role.
Appointment recommended:
District Personnel Committee Convener: Date:
District Commissioner: Date:
District:
Region Commissioner: Date:
(for District & Region appointments)
Region:

FOR SCOUT SERVICE CENTRE USE ONLY:
Application in order. Details correct and appropriate to appointment.
Appointment List for: 20
Service Centre Manager: Date: