



THE SINGAPORE SCOUT ASSOCIATION

No 1, Bishan Street 12 Singapore 579808
 Tel: 6259 2858 Fax: 6259 2118
 E-mail: hq@scout-assn.org.sg

**APPLICATION
 FORM FOR
 PROGRAMME
 COURSES**

Please read the following carefully before completing this form:

1. Please complete this form in **BLOCK LETTERS**
2. Application form must be accompanied with the full course fees to the Association. All payment in cheque should be crossed to "The Singapore Scout Association".
3. The Association reserves the right to cancel/postponed/reject applicants due to unforeseen circumstances.
4. All withdrawal and replacement from courses must be made in WRITING and submitted 7 days before the commencement date.
5. Request for refund and replacement will not be allowed once the course has commenced or the request for withdrawal/replacement is submitted after the stipulated period.
6. * denotes - Please delete where necessary

• Course Information

Course Title:	Course Code:
Commencement Date:	Course Fee:

• Applicant's Particulars

Full Name as in NRIC:				
NRIC/Passport No:		Date of Birth:		Sex: *M / F
Address:			Postal Code:	
Tel No:	(H)	(O)	(P/HP)	
Name of School/Scout Group :				
Email Address:				

• Parent's / Guardian's Consent

I, the lawful *parent/guardian of the applicant consented him to participate in the above-mentioned course and will adhere to the rules and regulations as stipulated by The Singapore Scout Association. I will not hold the Association or the organizers of the Courses responsible for any accident or mishap. For any emergency, please call at No: _____.

_____	_____	_____
Name & Signature of Parent/Guardian	Relation to Applicant	Date

• Leader's Endorsement

This is to certify that I am satisfied and is responsible with the conduct of the applicant and endorsed his application for the course

_____	_____	_____
Name & Signature	Appointment	Date
Tel No:	(H)	(O) (P/HP)

I, (name of applicant) _____ certify that the above information are true and correct and I understand that the Association reserves the right to reject my application for any discrepancy pertaining the application.

 Signature of Applicant _____
 Date

OFFICIAL USE – Payment details:						
Course Fee Received:	\$	<u>Mode of Payment</u>				
Receipt No:		Cheque No.		Unit Fund: (Please Tick)		Others: (Please tick and indicate payment mode)
Received By / Date:						