

SKILLS SKOOL APPLICATION FORM

Saturday 2 February 2013

Please tick (✓) against each of your choices. You can select across “Streams” but please note Stream B overlaps other session times.

You may attend for the whole day or a half-day – the cost is the same – a nominal £10 per person to cover costs of materials, ingredients etc.

No previous knowledge of the featured skills is required with the following two exceptions:

- i) PIONEERING: participants must be able to tie a clove hitch with confidence
- ii) WALKS, HIKES & EXPEDITIONS: participants must know the basics of reading an OS map

Those applying for the Map & Compass session must bring waterproof clothing as there is an outdoor practical exercise.

ALL participants need to bring a packed lunch. Drinks will be provided.

	Stream A	✓	Stream B	✓	Stream C	✓	Stream D	✓
0900-1030	Basic Knots		Map & Compass		Cane Pioneering		Beavers: Get Knotted <small>(practical activity ideas)</small>	
1045-1230	Pioneering Projects				Tracking		Beavers: Get Knotted <small>(repeat session)</small>	
LUNCH & Backwoods Cooking Demonstration								
1345-1530	Basic Knots <small>(repeat session)</small>		Walks, Hikes & Expeditions		Knife, Saw & Axe			
1545-1745	Pioneering Projects <small>(repeat session)</small>				Fire Lighting			

Please send your completed application to: Steve Thorn, Training Administrator, 78 Sandringham Close, Ipswich IP2 9DU with cheque for £10 payable to “Suffolk Scouts Training A/c”

Please also complete the accompanying health & emergency contact form and send this with your application.

Applications are on a first come, first served basis.

Name of Applicant Appointment
(Please print)

Address Group

..... Tel. No.

.....

Email



Fill in and send to The Training Administrator with
your Skills Skool application.
78 Sandringham Close, Ipswich, IP2 9DU

Skills Skool, 2 February 2013
Medical / Contact Information

A. PERSONAL DETAILS

Full name

Details of any illnesses or injuries, temporary or permanent

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Details of medicines currently being taken

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Details of any known allergies/ sensitivities (e.g. penicillin, nuts, etc)

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B. EMERGENCY CONTACT DETAILS

Contact name:..... Relationship

Home telephone number:

Alternative telephone number:

Address:

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