



## VENTURER TRAINING APPLICATION

Registration Number

Enter Rego Number

Training Course Number

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## Part A

Please complete all sections of this form:

Applicants Details					
Surname:	Surname	Course Title:	Select a Course		
Given Name:	Given Name	Dates:	Date		
Second Given Name:	Second Name	Location:	Location		
Postal Address:	Postal Address	Unit:	Unit		
Suburb:	Suburb	District:	District		
Postcode:	Postcode	Region:	Region.		
Email:	Email				
Date of Birth:	Date of Birth	Religion:			
Signature of Applicant:		Date:	Date		
Signature of Unit:		Date:	Date		
Signature of Leader:		Date:	Date		
INFORMATION TO ASSIST COURSE LEADER / COURSE MANAGER					
Preferred Name (for course name tag)	Preferred Name				
Medical / Physical Limitations of Applicant	Medical				
Special Dietary Particulars	Dietary				
Courses already Completed					
Invested	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Date:	Date
Venturing Skills Award	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Date:	Date
Unit Management Course	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Date:	Date
Leadership Course	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Date:	Date
Initiative Course	Yes	<input type="checkbox"/>	No <input type="checkbox"/>	Date:	Date

Location:	1st Wendouree Scout Hall
Start Time:	20/05/2016 7:30:00 PM
Finish Time:	21/05/2016 3:30:00 PM
Cost:	\$35.00 which includes all meals and Participates Handbook.
Transport:	All transport is the responsibility of each Venturer Unit who participants in the exercise.
Conditions:	<ul style="list-style-type: none"> <li>• If there's more than 3 members of your Unit attending the Training you must provide a leader to come and help out during the course.</li> <li>• The course is limited to 25 people.</li> <li>• Venturer Scout Uniform is to be worn to and from the event.</li> <li>• Please note that if all forms are not filled in correctly you will miss out participating in the course. E.g.: Health Form not brought along.</li> </ul>
What to bring along:	<ul style="list-style-type: none"> <li>• Venturer Passport.</li> <li>• Pen and note book.</li> <li>• Sleeping gear.</li> </ul>
FURTHER DETAILS:	<ul style="list-style-type: none"> <li>• Males and females must sleep separately.</li> <li>• Lights out at midnight.</li> <li>• Swearing will not be tolerated.</li> <li>• All rubbish must be collected and area clean and tidy on conclusion of course.</li> <li>• No alcohol or illicit drugs.</li> <li>• Each participant will be responsible for the supply of his or her own bedding equipment.</li> <li>• Each Venturer must participate in every activity and being in public must behave appropriately.</li> </ul>

**Please Make Checks payable to: Western Region Venturer Council**

**Western Region Venturer Council**

Bank deposit details: Bendigo Bank

BSB: 633-000

Account No: 141080986

Please attach copy of deposit to application form

This application (completed in full) together with payment of \$35.00 and a Health form to be forwarded to:

**VENTURER UNIT MANAGEMENT COURSE MANAGER**

**Andrew Hubbard**

**8 Canterbury Street**

**BROWNHILL, VIC 3350**

APPLICATIONS MUST BE SUBMITTED BY: **Friday, 13<sup>th</sup> May 2016**

QUERIES TO: **Andrew Hubbard on 5379 9905 or 0407 050 188** all after business hours.

E-MAIL: [wrventurers@gmail.com](mailto:wrventurers@gmail.com)

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<b>Certificate Number:</b>
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<b>Paid by:</b> Choose an item.
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<b>Invoice Number:</b>	
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