

4th Bramhall (St Michaels) Scout Group Waiting List Application Form



PERSONAL DETAILS

Full Name of Child				
Date of Birth		Gender	Male	Female
Section	<i>Please tick appropriate section</i>	Beavers		Cubs
School				
Parents Name's	Mother		Father	
Address				
Postcode				
Telephone (Home)				
Mobile				
Email				

ADDITIONAL INFORMATION

Please state any relevant medical conditions or special needs <i>(Please continue overleaf if required)</i>	
Please provide any additional information you consider relevant e.g. skills, siblings in the Group, if you are interested in becoming a uniformed leader. <i>(Please continue overleaf if required)</i>	

Conformation of Application	
I confirm I have read and understood the Admissions Policy and Waiting List Application Process of the 4 th Bramhall (St Michaels) Scout Group and request that my child's name be placed on the waiting list for the Section named above. I understand and give my consent to the above information being kept on a computer database purely for scouting information purposes.	
Parent	Date

COMPLETED APPLICATION FORMS

Please return this form to:

Waiting List Secretary, 4th Bramhall (St Michaels) Scout Group,
 C/O 11 Southpool Close, Bramhall, Stockport, SK7 3PU

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 E alison.marsden1@googlemail.com