



Notification of Module Completion/Validation

Please give all information using capital letters.

Surname.....	Issuing County / Area.....
Forenames..... <i>in full</i>	Appointment.....
Former name.....	District.....
Address.....	County/Area.....
.....	<i>if different from above</i>
.....	Date of birth.....
Membership Number.....	

The above person has been validated for the following module(s):

	Tick	Date of validation
Module 01 – Essential Information	<input type="checkbox"/>	
Module 02 – Personal Learning Plan	<input type="checkbox"/>	
Module 03 – Tools for the Job (Section Leaders)	<input type="checkbox"/>	
Module 04 – Tools for the Job (Managers)	<input type="checkbox"/>	
Module 05 – Fundamental Values of Scouting	<input type="checkbox"/>	
Module 06 – Changes in Scouting	<input type="checkbox"/>	
Module 07 – Valuing Diversity	<input type="checkbox"/>	
Module 08 – Skills of Leadership	<input type="checkbox"/>	
Module 09 – Working with Adults	<input type="checkbox"/>	
Module 10 – First Aid	<input type="checkbox"/>	
Module 11 – Administration (Section Leaders)	<input type="checkbox"/>	
Module 12 – Providing a Balanced Programme	<input type="checkbox"/>	
Module 13 – Growing the Movement (Section Leaders)	<input type="checkbox"/>	
Module 14 – Young People Today	<input type="checkbox"/>	
Module 15 – Challenging Behaviour	<input type="checkbox"/>	
Module 16 – Nights Away	<input type="checkbox"/>	
Module 17 – Activities Outdoors	<input type="checkbox"/>	
Module 18 – Practical Skills	<input type="checkbox"/>	
Module 19 – International	<input type="checkbox"/>	

Module 20 – Administration (Managers)	<input type="checkbox"/>	<input type="checkbox"/>
Module 21 – Growing the Movement (Managers)	<input type="checkbox"/>	<input type="checkbox"/>
Module 22 – Section Support	<input type="checkbox"/>	<input type="checkbox"/>
Module 23 – Safety for Managers and Supporters	<input type="checkbox"/>	<input type="checkbox"/>
Module 24 – Managing Adults	<input type="checkbox"/>	<input type="checkbox"/>
Module 25 – Assessing Learning (Manager)	<input type="checkbox"/>	<input type="checkbox"/>
Module 25 – Assessing Learning (Training Adviser)	<input type="checkbox"/>	<input type="checkbox"/>
Module 25 – Assessing Learning (Nights Away)	<input type="checkbox"/>	<input type="checkbox"/>
Module 25 – Assessing Learning (Adventurous Activities)	<input type="checkbox"/>	<input type="checkbox"/>
Module 25 – Assessing Learning (Scout Show Assessor)	<input type="checkbox"/>	<input type="checkbox"/>
Module 26 – Supporting Adults	<input type="checkbox"/>	<input type="checkbox"/>
Module 27 – Instructing Practical Skills	<input type="checkbox"/>	<input type="checkbox"/>
Module 28 – Facilitating	<input type="checkbox"/>	<input type="checkbox"/>
Module 29 – Presenting	<input type="checkbox"/>	<input type="checkbox"/>
Module 30 – Supporting Local Learning	<input type="checkbox"/>	<input type="checkbox"/>
Module 31 – Planning a Learning Experience	<input type="checkbox"/>	<input type="checkbox"/>
Module 32 – Delivering a Learning Experience	<input type="checkbox"/>	<input type="checkbox"/>
Module 33 – Planning a Learning Experience	<input type="checkbox"/>	<input type="checkbox"/>
Module 34 – Managing a Learning Provision	<input type="checkbox"/>	<input type="checkbox"/>
Module 35 – Internal Moderation	<input type="checkbox"/>	<input type="checkbox"/>
Module 36 – Special Needs	<input type="checkbox"/>	<input type="checkbox"/>
Module 37 – Advising on Adult Appointments	<input type="checkbox"/>	<input type="checkbox"/>

Validated by: Appointment:

Signature: Date:

Address:

Supported by: Appointment (CTM/LTM etc.):

Signature: Date:

Address:

Please send to: Appointments Office, The Scout Association, Gilwell Park, Chingford, London E4 7QW