

Registration Form

Keeping Children Safe

A Child Protection Awareness Programme



Name: Mr/Mrs/Miss/Ms _____ Telephone _____

Full Address _____

_____ Postcode _____

Scout Group _____ Scout District _____

Scout County _____ Appointment/Role: _____

Name: Mr/Mrs/Miss/Ms _____ Telephone _____

Full Address _____

_____ Postcode _____

Scout Group _____ Scout District _____

Scout County _____ Appointment/Role: _____

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Full Address _____

_____ Postcode _____

Scout Group _____ Scout District _____

Scout County _____ Appointment/Role: _____

Person nominated by County/Area to receive Management Reports (usually the County/Area Child Protection Co-ordinator):

Name: Mr/Mrs/Miss/Ms _____ Telephone _____

Full Address _____

_____ Postcode _____ Date _____

Scout County _____ Appointment/Role: _____