

Bedfordshire Scouts Personal Learning Plan - Summary

Name:		Membership No.	
Title:		Appointment:	
Group:		District:	
		Prov Appt Date:	
TA:		Meeting Date:	
TAs Mem'ship No:			

Available for training: Weekends- yes/no Evenings- yes/no Updated:

Module No.	Learning Required (Yes or No)	Proposed Method of Learning	Training Course Date (if applicable)	Proposed Methods of Validation <small>Ref nos. available from TAs Manual</small>	Date of Validation
1					
3					
4					
5					
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8					
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10					
11					
12					
13					
14					
15					
16					
17					
18					
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20					
21					
22					
23					
24 or 26					
25					
Get it Together					

Training Advisor to complete this form within two weeks of initial and subsequent meetings and send it to their Local Training Manager who will process and forward to the County Office.

Please complete the information below - no separate course registration form required

Address:	
Date of Birth:	Telephone:
Occupation:	Email:
Hobbies:	Denomination: