



Scouting Ireland CSI Gasóga Catoilicé na hÉireann

# Adults Skills Permit Application Form

## Application

Nominating Body

Unit Council / Regional Council / National Team

I/we hereby request that an **Adult Skills Permit** be granted to

Name	Personal details overleaf
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We believe them to be a person of good standing and suitable to work with young people.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Unit / Regional Council Secretary

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Regional / National Commissioner

## Skill Proficiency (State levels, if appropriate)

## Accreditation body (if any)

## Applicant declaration

I declare that the details as listed on this application form are correct and I hereby apply for an Adult Skills Permit for the

\_\_\_\_\_ Unit / Region / Team

Signed:

Date:

I declare that the details as listed on this application form are correct and I hereby apply for an Adult Skills Permit for the

\_\_\_\_\_ Unit / Region / Team

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Details

Name:

Address:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Communication: **Telephone-** Home:

Work:

Mobile:

**E- Mail-** Address:

## Details of membership of other organisations

Were you, or are you, a member of any other Youth Organisation?

YES

NO

If, 'YES' give details here (including Contact Person)

## References

**Reference 1** ( A commissioned member of Scouting Ireland CSI or a responsible person who will give a character reference (e.g. Teacher, Clergy, Garda/ Police, Peace Commissioner or Employer )

*I know the applicant and consider him/her to be of good standing and suitable to work with young people.*

Name:

Address:

Position:

Contact Number:

Signature:

**Reference 2** ( A responsible person who will give a character reference (e.g. Teacher, Clergy, Garda/ Police, Peace Commissioner or Employer )- This person should not be a member of Scouting Ireland CSI

*I know the applicant and consider him/her to be of good standing and suitable to work with young people.*

Name:

Address:

Position:

Contact Number:

Signature: