



## 4aST Coordinator Training Application Form - 19<sup>th</sup> November 2011 10am - 4pm

First Name	Last Name
Membership Number	
Date of Birth	
Address (Home)	Address (Term Time)
Postcode	Postcode
Telephone number	Telephone Number (term)
Mobile number	Work Number
Email	
Guiding County	Guiding County (term)
Guiding Country/Region	Guiding Country/Region (term)
Guiding Roles	

Do you have any special dietary requirements?

Do you have any other needs that we should be aware of?

How long have you been a 4 Coordinator?

Which area(s) are you the 4 Coordinator for?

Have you attended:

- A 4 Basic Training
- A 4 Advanced Training
- A 4 Skills training
- A previous 4 Coordinator Training

What are the key things that you would like to get out of this training?



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**Participants 18 and over:**

I am over 18 and am happy for photographs / video footage of myself to be used in Girlguiding UK publicity, publications or website.

Signature of participant:

Date:

Once completed, please return this form to:

**4CaST  
c/o Guiding Development  
Girlguiding UK  
17-19 Buckingham Palace Road  
London SW1W 0PT**

Any queries please contact: [4CaST@girlguiding.org.uk](mailto:4CaST@girlguiding.org.uk) or 0207 834 6242.