



# Application to Attend National Training Course

## Information about this form

Your application will not be accepted if it has not been endorsed by your County/District Training Officer (C/DTO) or Membership Support Officer (MSO).

If you are unable to attend a course you are booked onto, please let us know as soon as possible.

Please send all completed application forms to [kthornton@britishlegion.org.uk](mailto:kthornton@britishlegion.org.uk) or Kimberley Thornton, MSO N & E Yorkshire, 73-75 Albion Street, Leeds, West Yorkshire, LS1 5AA.

## COURSE

<b>Date of Course</b> (if known)	Click or tap to enter a date.
<b>Location</b>	Click or tap here to enter text.

## PERSONAL DETAILS

<b>Full Name</b>	Click or tap here to enter text.
<b>Address</b>	Click or tap here to enter text.
<b>Email</b>	Click or tap here to enter text.
<b>Contact Number</b>	Click or tap here to enter text.
<b>Membership No.</b>	Click or tap here to enter text.
<b>Branch/County</b>	Click or tap here to enter text.
<b>Dietary Requirements</b> (if applicable)	Click or tap here to enter text.
<b>Please let us know if you have any of the following disabilities</b>	Mobility and Physical Impairments <input type="checkbox"/> Hearing Disability <input type="checkbox"/> Vision Disability <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Other/Comment: Click or tap here to enter text.
<b>Emergency Contact Name &amp; Relationship</b>	Click or tap here to enter text.
<b>Emergency Contact Number</b>	Click or tap here to enter text.

## OBJECTIVES

<b>Please let us know your objectives for attending the course</b>	Click or tap here to enter text.
--	----------------------------------



# Application to Attend National Training Course

## PREVIOUS COURSES

Please give details of the previous courses you have attended.

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

## DECLARATION

### Data Protection

At The Royal British Legion, we take your privacy seriously and we will only use the information you have provided on this form to record your interest in attending a National Membership Training Course. We will not share your data and promise to keep your personal information safe and secure. We will hold your personal data for 5 years then delete. If you would like to remove your personal information, please contact Lucienne Edge, Membership Administration Manager.

For more information about how The Royal British Legion processes personal information and about your rights under the data protection law please see our Privacy Policy:

[www.rbl.org.uk/privacy](http://www.rbl.org.uk/privacy)

**Signature of Applicant**

Click or tap here to enter text.

**Date**

Click or tap to enter a date.

## ENDORSEMENT

### For MSO/CTO Use Only

#### I have discussed with the applicant:

Pre-course work/ reading requirements

Course Content including any testing

Continued commitment to the Legion and Committee following the course

Accommodation and Travel policy

Agreed date for a post course discussion (to take place 8-12 weeks after the course)

#### I can confirm that I approve this delegate's application for the above course

**Name**

Click or tap here to enter text.

**Appointment**

Click or tap here to enter text.

**Signature**

Click or tap here to enter text.

**Date**

Click or tap to enter a date.