

Forward the ORIGINAL copy of this Nominal Roll DIRECT to:

Adult Training Department
The Scout Association of Australia
New South Wales State Office
P O Box 125, LIDCOME (PO) NSW 1825

IMMEDIATELY after the Course concludes

ASSISTANTS: _____

COURSE LEADERS REPORT

1. Reasons for any Trainee who did not fully attend or was held Not Competent, indicate which sessions / assessments (attach if more room required)

2. Comments on Presenters / Staff

3. Comments on Venue / Catering / Accommodation

4. Other Comments

5. Attached: Session Completion Report, Assessment Completion Report, Program, Course Evaluations & (Incident Report / History File, if applicable)

COURSE LEADER _____ DATE _____

STATE COMMISSIONER FOR ADULT TRAINING & DEVELOPMENT

DATE