FORM L2 (01/20)



Scouts Australia NSW Level 1, Quad 3 102 Bennelong Parkway Sydney Olympic Park NSW 2127

P O Box 125 Lidcombe NSW 1825 Ph: 02 9735 9000

e-mail: training@nsw.scouts.com.au

## TRAINING COURSE NOMINAL ROLL

COURSE NO:			D.I.T.P.(C)			SPONSOR: COURSE LEADER:			
Member	Name	Male/ Female	Appt	Format		Reg	Home Address	D.O.B	Remarks
		_							
		_						_	
		_						_	

Total

## 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 & applicable)	k (Incident Report / History File, if
COURSE LEADER	DATE
STATE COMMISSIONER FOR ADULT TRAINING & DEVELOPMENT	DATE

Jan 2020 – Version 1 FORM L2 ....2/2