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| **Module A** |
| **To:** Paddy Langham 9 Laurence Close Shurdington GL51 4SZ (paddydj.langham@btopenworld.com)  |
| Name: |  | Date of course: |  |
| Address: |  | Male/Female: |  |
| Date of Birth: |  |
| Telephone No: |  |
| Postcode: |  | Email: |  |
| Unit:**1** |  | Section you help at: |  |
| Leader: |  | Leader’s email: |  |

**1** We need the name of your Explorer Unit or Young Leader Unit for your certificate.

I give permission to attend this course.

Signature of parent/guardian: