SCOUTS CANADA

APPLICATION
FOR
TRAINER II AND TRAINER III ACCREDITATION
Check that all candidates are registered members before completing form.
Check that Trainer III candidates have completed one year of Trainer II before completing form.

TO: NATIONAL OFFICE **FROM: _____ COUNCIL**

NAME (Surname, First Name)	**ADDRESS** (Complete Home Address)	**MMS #**	**Trainer II**	**Trainer III**	**First Accr.**	**Accr. Renewal**

I have satisfied myself that the people listed meet the requirements for Trainer II and Trainer III Accreditation and recommend that accreditation be issued.

_____ _____

Date **Council Commissioner or Designate**

Revised December 12, 2005