



Notification of Module Completion/Validation

Please give all information using capital letters.

HQ Pin No.

Surname.....

Issuing County / Area.....

Forenames.....
in full

Appointment.....

Former name.....

District.....

Address.....

County/Area.....

.....

if different from above

Date of birth.....

The above person has been validated for the following module(s):	✓	Learning Method	Date Validated	Validation Method No.
Module 01 – Essential Information				
Module 02 – Personal Learning Plan				
Module 03 – Tools for the Job (Section Leaders)				
Module 04 – Tools for the Job (Managers)				
Module 05 – Fundamental Values of Scouting				
Module 06 – Changes in Scouting				
Module 07 – Valuing Diversity				
Module 08 – Skills of Leadership				
Module 09 – Working with Adult				
Module 10 – First Aid				
Module 11 – Administration (Section Leaders)				
Module 12 – Providing a Balanced Programme				
Module 13 – Growing the Movement (Section Leaders)				
Module 14 – Young People Today				
Module 15 – Challenging Behaviour				
Module 16 – Nights Away				
Module 17 – Activities Outdoors				
Module 18 – Practical Skills				
Module 19 – International				

The above person has been validated for the following module(s):	✓	Learning Method	Date Validated	Validation Method No.
Module 20 – Administration (Managers)				
Module 21 – Growing the Movement (Managers)				
Module 22 – Section Support				
Module 23 – Safety for Managers and Supporters				
Module 24 – Managing Adults				
Module 25 – Assessing Learning (Manager)				
Module 25 – Assessing Learning (Training Adviser)				
Module 25 – Assessing Learning (Nights Away)				
Module 26 – Supporting Adults				
Module 27 – Instructing Practical Skills				
Module 28 – Facilitating				
Module 29 – Presenting				
Module 30 – Supporting Local Learning				
Module 31 – Planning a Learning Experience				
Module 32 – Delivering a Learning Experience				
Module 33 – Planning a Learning Experience				
Module 34 – Managing a Learning Provision				
Module 35 – Internal Moderation				
Module 36 – Special Needs				

Validated By:

Appointment:

Signature:

Date:

Address:

Please send to: Records Office, The Scout Association, Gilwell Park, Chingford, London E4 7QW

For office use only

Date received: **PIN No.**

Date of issue: