

Suncheon

Asia- Pacific Scout Centre

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Section 4: Work Skills

Give a brief summary of the skills (e.g. languages, climbing, camping or forestry experience) and experience (e.g. work at other centres) you have that you feel would make you a suitable member of the staff team at Suncheon Asia- Pacific Scout Centre. (You must give more detail in your supporting documents.)

Where did you hear about the Centre?.....

Section 5: To be completed by all applicants

If I am accepted to work as a member of the short term staff at Suncheon Asia- Pacific Scout Centre, I agree to prepare myself as advised by the Centre and to follow the Centre's rules. I enclose the following documents:

Personal Profile	<input type="checkbox"/>	Copy of Passport Photopage	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>	Copies of Certificates etc.	<input type="checkbox"/>
Photograph	<input type="checkbox"/>	Reference(s)	<input type="checkbox"/>

Signature: Date:..... Place:

Section 6: To be completed by the National Scout Organization

On behalf of the(NSO)

I.....(name CC/IC/SG) confirm that Mr./Ms.
.....is a registered member of the above Association
and, to the best of our knowledge, is capable of fulfilling the work required by the positions for which he /
she has applied.

Signature: Date:..... Place:

Position in the Association:

Comments:

If this section is not fully completed by the appropriate person, this form will be returned to the applicant.

Section 7: For Official Use

Application Received:

Application Rejected:

Application Confirmed:

Medical Certificate for Short Term Staff

Section 1: Personal Details of the examined person

Family Name:	First Name:
Address:	
Country:	Postcode:
Telephone:	Mobile No.:
Date of Birth:	Nationality:

Section 2: Questions

1. In your opinion, is the above named physically and mentally able to do strenuous activities for 2 months? YES/NO
2. In your opinion, is the above named physically and mentally able to lead hikes and other activities on a regular basis? YES/NO
3. Does the above named have any physical or mental deficiency that could influence the persons ability to work? YES/NO <i>If question 3 is answered with a YES, please give more details:</i>
4. Does the above named take any regular medication? YES/NO <i>If question 4 is answered with a YES, please give the name of the medicine and for what purpose:</i>

Section 3: Doctors Certification

I, (name) confirm that(person) was examined by myself today, and that the physical and mental state of the above named on that date is reflected in Section 2 of this form. To the best of my knowledge, this person is capable of fulfilling the work at the Centre as required by the positions for which he/she has applied.	
Signature: Date:..... Place:	
Hospital Address:	
Comments:	
	Stamp