



# Scout Association Returns Form TSA 20 / July 08

Date stamp of Scout HQ

**SCOUT HQ USE ONLY**

APPLICANTS NAME	MEMBERSHIP No. (if known)	ROLE APPLIED FOR	GROUP, DISTRICT, COUNTY/AREA	Result of Headquarters Initial Check		
1				Application returned	Nothing to report	Report to follow
2				Application returned	Nothing to report	Report to follow
3				Application returned	Nothing to report	Report to follow
4				Application returned	Nothing to report	Report to follow
5				Application returned	Nothing to report	Report to follow
6				Application returned	Nothing to report	Report to follow
7				Application returned	Nothing to report	Report to follow
8				Application returned	Nothing to report	Report to follow
9				Application returned	Nothing to report	Report to follow
10				Application returned	Nothing to report	Report to follow

I certify that the identification documents of each of the above applicants were checked in accordance with the requirements of the disclosure authority and to the best of my knowledge these documents were original and genuine.

<b>Print Your Name</b>	<b>District Name</b>	<b>District No</b>
<b>Signature</b>	<b>County/Area Name</b>	<b>County/ Area No</b>
<b>Appointment</b>		<b>Date</b>

**If "Report to follow" is indicated, do not use applicant until receipt of report from Headquarters.**

**PLEASE COMPLETE REPLY DETAILS OVERLEAF**

