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| A drawing of a face  Description automatically generated**LEARNING EXPERIENCE****APPROVAL REQUEST (LEAR)** |  |
| This form is for the use of Course Directors seeking approval for the planning and managing of any learning experience for adults in Hampshire Scout County.To be sent to the CTM at least **21 days** before the date of the learning experience.This covers all learning experiences where the learning is required to support adults progressing through the Adult Training Scheme, with the exception of Module 1. |
| Module No and Title to be presented.No: Title:Date | Times: |
| Course Director: | Address:Post Code: |
| Tel No:Email address: | Mobile No: |
| Venue Details: |  |
| **Arrangements**:LE Staff (List presenters and facilitators): |
| I attach the Module/Learning Experience programme.I will forward the participant’s application forms to the County Course Secretary and the evaluation report to the County Training Manager within ten days of the learning experience.Signed ………………………………………… Course Director Date: ……………………………….. |
| I am satisfied with the arrangements made for this learning experience. Recognition is granted.Signed Date: County Training Manager |