



BARBADOS BOY SCOUTS ASSOCIATION

NATIONAL TRAINING TEAM

TRAINEE VISIT FORM

NAME OF TRAINEE:

GROUP VISITED: SECTION:

DATE VISITED: TIME ARRIVED:

NAME OF LEADER-IN-CHARGE:

TYPE OF VISIT: (Circle one) POST INITIAL POST EXPLANATORY

ROLE PLAYED IN MEETING:

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OBSERVATIONS AND/OR COMMENTS:

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SIGNATURE OF TRAINEE: DATE:

SIGNATURE OF LEADER-IN-CHARGE: DATE:

NAME OF TRAINING SUPERVISOR:

SIGNATURE OF TRAINING SUPERVISOR: DATE:

SIGNATURE OF DISTRICT COMMISSIONER: DATE:

DATE RECEIVED BY TRAINING COMMISSIONER: