

Young Leader Record Card

Personal Details

Name		DOB
Address:		Tel:
		Mobile:
		Email:
School / College	Religion:	Gender:

Medical Details

Doctor's name and address:	NHS Number
	Doctor's Phone Number
Special needs; medical, diet, other:	

Background

Parent / Carers names	Parent / Carers interests/hobbies
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Young Leader Modules

Module	Objective	Date	Module	Objective	Date
A	Safety & Child Protection		B	Leadership Styles	
C	Teaching Skills		D	Kids behaving badly	
E	Games		F	Special People	
G	Programme Planning		H	Programme Planning Plus	
I	Communication		K	First Response Training	

Mission	Objective	Date
1	Run a variety of indoor and outdoor games	
2	Plan and run an activity	
3	Take part in a planning meeting for the section	
4	Taking responsibility for part of section management	
	Date Young Leader Belt Awarded:	