



Application for Springbok Award

Please print in BLOCK CAPITALS

CANDIDATE:

Full Names & Surname:																									
SD Number:													Da	te (of I	Birt	h:	D	D	M	M	Υ	Υ	Υ	Υ
Home No:													Ce	II N	lo:										
Email Address:																									
Troop:																									
District:																									
Region:																									
Parent Names:																									
Postal Address:																									
FIRST CLASS BADGE COM	1PLE	TEI)													Dat	e:	D	D	M	M	Υ	Υ	Υ	Υ
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Part A of this application	to b	e c	om	ple	ete	ed I	by	th	e 7	ro	op	S	cou	teı	r o	r n	on	nin	ate	€d	Sc	out	ter	•	
SPRINGBOK AWARD PA	ART	A -	- t	o b	е	аp	pı	rov	e	d b	y t	the	e T	RC	0	P S	C	OU	TE	ΞR					
1. ADVENTURE		Ma	pw	ork	,									Da	ate	: Г	D			M	-	M	Υ	,	Υ
2. SAFETY AWARENESS		Int	ere	est	Ва	dg	e							Da	ate	: [D)	M		M	Υ		Υ
		Ou	tin	g /	Gι	ıes	t/	Ch	ar	ge				Da	ate	: [D)	M	ľ	M	Υ	1	Υ
3. LIVING OUTDOORS		Ca	mp	&	Or	al I	Dis	cus	ssi	on				Da	ate	: [D)	M		V	Υ	1	Υ
				E۱	/al	ua	tor	s S	iar	nati	ure	::													
4. SERVICE		Мо	vei	mer										Da	ate	: [D)	M	-	V	Υ	,	Υ
5. SCOUT SKILLS		First Aid							Da	ate	: [D)	M	ľ	V	Υ		Υ					
6. PERSONAL DEVELOPMEN	VT	T COH Meetings							Da	ate	: [D)	M		V	Υ	7	Υ					
	-	CO	ΉΙ	_ea	de	rsh	nip	ро	siti	on				Da	ate	: [D)	M		M	Υ	1	Υ
	-	Tro	ор	su	CC	ess	ior	ı p	an	nin	g			Da	ate	: [D)	M	1	M	Υ	7	Υ
		Sc	out	s O	wr	1								Da	ate	: [D)	M	-	M	Υ		Υ
				ect 1										Da	ate	: [D)	M		V	Υ		Υ
		Tw	0 (Out	dod	or	Ob	sta	cle	S				Da	ate	: [D)	M	-	V	Υ		Υ
Troop Coouter Name												I													
Troop Scouter Name	4	B. /I	\/	T	\/	1		C: -																	
Date:	D N	Ί	М	Υ		Υ]		SIG	ınat	ture	e:													

E-mail: info@scouts.org.za Website: www.scouts.org.za Tel: 0860 SCOUTS

January 2020 v1.0

SPRINGBOK AWARD PART B - Approved by the RTC SCOUT PROGRAMME

1. ADVENTURE	Evaluator						
Expedition Description:		Date:	D	D M	M	Υ	Υ
2. SERVICE	Evaluator						
Community service descript		Data	D	D M	M	V	V
Community service descrip	LIOIT:	Date:	D	D M	IvI	Ĭ	ĭ
		I					
3. SCOUT SKILLS	Evaluator						
Major project description:		Date:	D	D M	M	Υ	Υ
Scout's Name							
Date:	O M M Y Y Si	gnature:					
I certify that the Can	didate has passed th	e requirements a	as la	id do	νn	in	the
Scout Trail, except for meet	ing the Springbok Intervie	w Panel.					
By signing this application	n. vou are recommendi	na the Scout for th	ne Spi	rinabo	k Av	vard	
Troop Scouter Name			. с с р.				
·) M M V V C:	anaturo					
Date:		gnature:					
Recommended by Distric	t Commissioner						
DC Name							
Date:) M M Y Y Si	gnature:					
Ratified by RTC Scout Pro	ogramme						
RTC Scout Programme							
Date:) M M Y Y Si	gnature:					

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SPRINGBOK PANEL INTERVIEW

	notified to	meet Springb	ok Interview	Panel on	Date:	D	D	M	M	Υ	Υ
Venue: Panel:	Name: Name: Name: Name: Name:				Role: [Role: [Role: [Role: [Role: [
Recomme Motivation				Av	ward		Do n	ot A	ward		
Interview Name: Date:	Panel Ch		M Y Y	Signature:							
INSTRUC NB: The Troo up to Region 1. The Troo to the Dis 2. The RTC: applicatio of the arr 3. The pane forwarded	op Scouter nal level. p Scouter nostrict Comm Scout Progon. The Springements el interview	is responsible for nust prepare this hissioner. The DO ramme, checks the ingbok Panel, che is for the intervie s the candidate air: National Sco	or forwarding to application for application for application for application aired by the RT application for a recording the a	his form and more the Springbo application and ation meets all TC Scout Prograeir comments	k Award, and d submits it to the criteria comme or appo	one one of the lointee	copy RTC S awar , info	is to Scout rd, an orms t	be su Prog Id rat The ca	ibmit irami ifies andid	tted me. the late n is
National Sco	ut Program	Springbok Awa nme within 1 we e application has	eek of the pan	el meeting. Th	e Chair: Natio	onal S	cout	Prog	ramn	ne w	
NATIONAI Award Endo		E: Chair: National	Scout Progra	amme	٦	YES			NO		
Signature:					Date:	D	D	M	M	Υ	Υ
		lational Regist	er:		Date:	D	D	М	М	Υ	Υ
Dispatched Certificate					Date:	D	D	M	M	Υ	Υ
Certificate	mumber:										

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