



LOWLAND LEADER AWARD TRAINING COURSE REPORT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE MI OFFICE WITHIN 30 DAYS OF THE END OF THE COURSE.
ALL INCLUDED CANDIDATES MUST HAVE REGISTERED ON THE LLA SCHEME BEFORE THIS FORM IS SUBMITTED TO MI.

REPORT DETAILS

COURSE TYPE	LLA	Expedition module	
	PUBLIC	CLUB	PRIVATE

COURSE BASE	
NUMBER OF CANDIDATES	

COURSE DATES	
NUMBER OF STAFF	

DIRECTORS DETAILS

NAME			QUALIFICATIONS	
MI NUMBER		BOS NUMBER		INSURANCE DETAILS

STAFF/OBSERVER DETAILS

NAME		QUALIFICATION		MI NUMBER	
NAME		QUALIFICATION		MI NUMBER	

COURSE DETAILS

	DATE	STAFF	VENUE
DAY-1			
SYLLABUS COVERED			
DAY-2			
SYLLABUS COVERED			
DAY-3			
SYLLABUS COVERED			
DAY-4			
SYLLABUS COVERED			
DAY-5			
SYLLABUS COVERED			

WEATHER

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GENERAL COMMENTS

SIGNED

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DATE

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PLEASE MAKE SURE ALL SECTIONS ARE COMPLETED AND CLEARLY LEGIBLE. IT IS THE RESPONSIBILITY OF THE COURSE PROVIDER TO ENSURE THAT ALL INFORMATION PROVIDED IS CURRENT AND CORRECT

[illegible]