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| **GLK / LaSERIO PARTICIPANT APPLICATION FORM***This form should be used by completed by anyone in Greater London Kent County, born between July 28th 1998 & July 27th 2002, who wishes to apply for a County or Region opportunity in 2015.* |
| *Please complete this form electronically, or in neat handwriting with black ink.* |
| **PERSONAL DETAILS** |
| Membership no: |  |
| Surname: |  |
| First names *(in full):* |  |
| Your preferred name: |  |
| Address: |  |
| Postcode: |  |
| Telephone no *(in full)*: |  |
| Mobile no: |  |
| Your email address: |  |
| Date of birth: |  |
| Age: |  |
| Nationality: |  |
| **GIRLGUIDING CAREER** |
| Current role(s) in Girlguiding UK: |
|  |
| Unit name in full: |
|  |
| Second Unit name in full (*if applicable*): |
|  |
| District: |  |
| Division: |  |
| Guiding County: |  |
| **YOUR GIRLGUIDING EXPERIENCE** |
| Camp experience - How many nights have you spent UNDER CANVAS: |
|  |
| Do you hold a campers badge or permit: |
|  |
| Outdoor activities: |
|  |
| Service projects: |
|  |
| Qualifications or skills: |
|  |
| **YOUR OTHER EXPERIENCE** |
| If you are a student, what are you studying? |
|  |
| at which school/college/university? |
|  |
| If you are employed, what is your occupation? |
|  |
| What is the Company’s name? |
|  |
| Please list any qualifications you have? |
|  |
| What interests/hobbies do you have outside Guiding? |
|  |
| Can you swim? How far? |
|  |
| Do you hold any position(s) of responsibility outside Guiding? |
|  |
| **YOUR INTERNATIONAL EXPERIENCE** |
| Which countries have you visited?  |
| Country: | What year?  | Did you go with Guiding – what kind of trip was it? Or was it with your school? Or with family/friends/alone?  |
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| What other languages do you speak?  |
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| **Please tell us something about yourself, your family and your local community:** |
|  |
| **Please tell us why you would like to participate in a LaSER International trip?** |
|  |
| **Do you have any particular needs which we should be aware of? If so, please give details.****Any health conditions which may affect the trip insurance MUST be declared.** |
| Religion: |  |
| Health: |  |
| Mobility: |  |
| Sensory: |  |
| Dietary: |  |
| Vegetarian: |  |
| Vegan: |  |
| **REFERENCES** |
| Please provide the names and contact details of two people who have agreed to act as your referees and who we could contact in relation to this application: |
| **YOUR GUIDING REFERENCE** |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Tel:  |  |
| Email:  |  |
| How do you know this person? |
|  |
| **YOUR NON-GUIDING REFERENCE (someone not related to you)** |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Tel: |  |
| Email: |  |
| How do you know this person? |
|  |
| I would like to be considered for a Girlguiding International opportunity. I confirm that the information on the application is accurate and a true record of my experience. |
| Name:  |  | Date: |  |
|  |
| Parent/Guardian’s name and endorsement: |
| Name: |  | Date: |  |
| Please give parent/guardian’s email: |  |
|  |
|  |
| We confirm that the County supports this application: |
| County Commissioner | Name: |  | Date: |  |
| County International adviser | Name: |  | Date: |  |
|  |
| For County and Region use only: |
| Observations: |