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| **GLK LEADER APPLICATION FORM**  |
| *Please complete this form electronically or in neat handwriting with black ink.* |
| **YOUR 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: |
|  |
| Unit name in full: |
|  |
| Second Unit name in full (*if applicable*): |
|  |
| District: |  |
| Division: |  |
| Guiding County: |  |
| Please give any previous appointment(s) in Girlguiding: |
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| **YOUR GIRLGUIDING EXPERIENCE (aged 18+)** |
| Camp experience - How many nights have you spent UNDER CANVAS: |
| As Leader: |  |
| As First Aider or Caterer: |  |
| As any other helper: |  |
| Residential Holiday experience – How many nights have spent as: |
| As Leader: |  |
| As First Aider or Caterer: |  |
| As any other helper: |  |
| What modules of the **Camp & Holiday Scheme** have you completed & where applicable, which section? |
| 1: yes/no | 2: yes/no | 3: yes/no | 4: yes/no | 5: yes/no |
| 6: yes/no | 7: yes/no | 8: yes/no |
| Large-Scale events: yes/no | Joint events: yes/no | Travelling Abroad: yes/no |
| Have you completed any of the modules of the **Health & First Aid Scheme**? |
| 1: yes/no | 2: yes/no | 3: yes/no | 4: yes /no |
| Have you completed any of the modules of the **Catering Scheme**? |
| 1: yes/no | 2: yes/no | 3: yes/no | 4: yes /no |
| Do you have a current First Aid Certificate: yes/no  |
| If you don’t hold a Senior Section licence - are you able to, and planning to, complete a Senior Section licence or appropriate module in the next 12 months?  | Yes/No |
| If you don’t already have Travelling Abroad are you prepared to complete it if asked to lead an international group?  | Yes/No |
| Is there any particular experience(s) in Girlguiding that you would like to mention? |
| Outdoor activities: |
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| Service projects: |
|  |
| Qualifications or skills: |
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| **YOUR OTHER EXPERIENCE** |
| If you are a student, what are you studying? |
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| at which school/college/university? |
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| If you are employed, what is your occupation? |
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| What is the Company’s name? |
|  |
| Please list any qualifications you have? |
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| What interests/hobbies do you have outside Guiding? |
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| Can you swim? How far? |
|  |
| Do you hold any position(s) of responsibility outside Guiding? |
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| **YOUR GIRLGUIDING INTERNATIONAL EXPERIENCE** |
| Please list the details of any international experiences you have had previously as a member of Girlguiding UK:1. such as UK International camp, Jamboree, package holiday (Jeka, Venture Abroad), GOLD, homestay, independent camp/holiday, service project, World Centre stay, cultural exchange, WAGGGS (or similar) conference, service crew.
2. Senior Section, Leader.
 |
| Country: | What year? | Type of Experience (1): | Role (2): |
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| **YOUR NON-GIRLGUIDING INTERNATIONAL EXPERIENCE** |
| 1. Voluntary work, numerous family holidays
 |
| Country: | What year? | Type of Experience (3): |
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| What other languages do you speak?  |
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| **Please tell us something about yourself:** |
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| **Please tell us why you would like to be a Leader on a GLK County International trip?** |
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| **Tell us what you expect of a GLK County International Trip, what you would like the participants to experience and how you could be instrumental in bringing this about.** |
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| **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 referees. One should be your local commissioner and the other should be someone you have worked with within Girlguiding.Both should have agreed to act as your referee for this application. They should not be related to you |
| **YOUR LOCAL COMMISSIONER** |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Tel:  |  |
| Email:  |  |
| How do you know this person? |
|  |
| **SOMEONE ELSE YOU HAVE WORKED WITH WITHIN GIRLGUIDING** |
| 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: |  |
|  |
| We confirm that the County supports this application: |
| County Commissioner | Name: |  | Date: |  |
| County International adviser | Name: |  | Date: |  |
|  |
| For County and Region use only: |
| Observations: |