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| **GLK PARTICIPANT APPLICATION FORM**  *This form should be used by completed by anyone in Greater London Kent County, born between July 28th 1999 & July 27th 2003, who wishes to apply for a County opportunity in 2016.* | | | | |
| *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: | | | | | | | | | |