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|  | **Girlguiding LaSER Chief Commissioner’s Award Application Form** |
| * Complete all parts of the form below electronically or in ball point pen in block capitals.
* All applications must be made without the knowledge of the nominee or her relatives.
 |
| **NOMINEE DETAILS** |
| Name: |  | Membership Number: |  |

|  |
| --- |
| **PREVIOUS AWARDS (National/Association/County/Local/Other)** |
| Award |
| Date From: | Date To: |

|  |
| --- |
| Award |
| Date From: | Date To: |

|  |
| --- |
| Award |
| Date From: | Date To: |

|  |
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| **REPORTS** |

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| Have you attached the following forms: |
| County Commissioner’s Report | Yes / No |
| Go! Report | Yes / No |

**REPORTS**

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| **APPLICATION RECOMMENDATIONS** |

|  |
| --- |
| District/Division Commissioner |
| Name |  |
| Signed |  | Date:  |

|  |
| --- |
| County Commissioner |
| Name |  |
| Signed |  | Date: |

|  |
| --- |
| Chair of Awards |
| Name |  |
| Signed |  | Date:  |