|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **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: |

|  |
| --- |
| **REPORTS** |

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

**REPORTS**

|  |
| --- |
| **APPLICATION RECOMMENDATIONS** |

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

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

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