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|  | **BURSARY APPLICATION FORM**  **DEE DUCKETT’S GIRLS ADVENTURE FUND**  **14-18 YEARS** |  |

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| Dee Duckett was an optimist and a leader in Girlguiding LaSER. She held a number of positions in Girlguiding including District Commissioner. Dee grew up through the war (her mum hosted the Brownie pack in their attic during the Blitz) and she developed a resilience that made her an adventurer in her later years. She travelled widely and valued the cultural experience as much as the adventure.  Dee would have loved the idea of passing on her spirit of adventure to one of today’s young women and her family have asked Girlguiding LaSER to administer the bursary on their behalf.  The bursary is for travel abroad with Girlguiding and is open to a girl aged between her 14th and 18th birthday at the time of travel.  There is a specific condition that the bursary be used to enable the recipient to undertake a life-changing adventure experience which would otherwise be beyond her financial means.  Applications will be considered as either a nomination from an adult who is a leader in Girlguiding LaSER or an application from the prospective recipient. Where an application is received from a girl, supporting references will be requested.  Applications should be submitted by midnight on 13June 2019.  Please complete the bursary application form and send it to:  International, Girlguiding London and South East England, 3 Jaggard Way, Wandsworth Common, London SW12 8SG.  Or by email to [international@girlguidinglaser.org.uk](mailto:international@girlguidinglaser.org.uk) | | | | | | | | | | | | | | |
| ***Please complete this form electronically.***  *(If you are completing by hand please use capitals in black ink)* | | | | | | | | | | | | | | |
| **GIRL’S DETAILS** | | | | | | | | | | | | | | |
| Membership no: | | | | |  | | | | | | | | | |
| Surname: | | | | |  | | | | | | | | | |
| First names *(in full):* | | | | |  | | | | | | | | | |
| Preferred name: | | | | |  | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | |
| Postcode: | | | | |  | | | | | | | | | |
| Telephone no *(in full)*: | | | | |  | | | | | | | | | |
| Mobile no: | | | | |  | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | |
| Date of birth: | | | | |  | | | | | | | | | |
| Age: | | | | |  | | | | | | | | | |
| Nationality: | | | | |  | | | | | | | | | |
| **GIRLGUIDING ROLE AND UNIT** | | | | | | | | | | | | | | |
| Current role(s) in Girlguiding: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Unit name in full: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| District: | | | |  | | | | | | | | | | |
| Division: | | | |  | | | | | | | | | | |
| Girlguiding county: | | | |  | | | | | | | | | | |
| **EXPERIENCE AS A GUIDE OR SENIOR SECTION MEMBER** | | | | | | | | | | | | | | |
| Please describe your / your nominee’s experience(s) in Girlguiding | | | | | | | | | | | | | | |
| **OTHER EXPERIENCE** | | | | | | | | | | | | | | |
| If you/your nominee is a student, what are you/they studying? | | | | | | | | | | | | | | |
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| At which school/college/university? | | | | | | | | | | | | | | |
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| What interests/hobbies do you/does your nominee have outside Girlguiding? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Do you/Does your nominee hold any position(s) of responsibility outside Girlguiding? Please describe. | | | | | | | | | | | | | | |
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| **INTERNATIONAL EXPERIENCE** | | | | | | | | | | | | | | |
| Which countries have you/has your nominee visited? | | | | | | | | | | | | | | |
| Country: | | | | | | What year? | | What kind of trip was it? Girlguiding? School? Or with family/friends/alone? | | | | | | |
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| Do you/Does your nominee speak any other languages? Which? | | | | | | | | | | | | | | |
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| **Please tell us something about yourself/your nominee:** | | | | | | | | | | | | | | |
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| **Please tell us what the bursary will be used for:** | | | | | | | | | | | | | | |
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| **Why should you/your nominee be considered for this bursary?** | | | | | | | | | | | | | | |
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| **Do you/Does your nominee have any particular needs of which we should be aware? 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** | | | | | | | | | | | | | | |
| If you are the applicant please provide the names and contact details of someone who will be your referee and who we could contact in relation to this application. This person must have a role in Girlguiding. | | | | | | | | | | | | | | |
| **YOUR GUIDING REFERENCE** | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | |
| Tel: | |  | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | | | | | |
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| I would like to be considered for a Girlguiding LaSER 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: | | | | | | |  | | | | | | | |
| **For County and Region use only:** | | | | | | | | | | | | | | |
| **Confirmation of County Commissioner’s support for this application:** | | | | | | | | | | | | | | |
| County Commissioner’s name: | | | | | | |  | | | | | Date: | |  |
| Endorsed | | | | | | | Yes | | No |  | |  | | |
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| Observations: | | | | | | | | | | | | | | |