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| **LaSERIO PARTICIPANT (18-30) APPLICATION FORM 2019** | | | | |
| Participants MUST be born between 30 August 1989 and 30 June 2002. **Please note these birth dates for participants are absolutely essential.**  *Please complete this form electronically.*  *(If you are completing by hand please use capitals in 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?** | | | | | | | | | |
|  | | | | | | | | | |
| **Please declare any particular needs you may have below. Please give full details, even if you do not think they are relevant. All health conditions (including mental health conditions) MUST be declared in full.** | | | | | | | | | |
| 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: | | | | |  | | | | |
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| We confirm that the County supports this application: | | | | | | | | | |
| County Commissioner | | | | Name: |  | | Date: | |  |
| County International adviser | | | | Name: |  | | Date: | |  |
|  | | | | | | | | | |
| For County and Region use only: | | | | | | | | | |
| Observations: | | | | | | | | | |