**Nomination for Girlguiding Council membership**

The Council applicant should complete the first page of this nomination form and email this and the application pack (for information) to each nominee asking them to complete the remainder of the form and return it directly to councilmembers@girlguidinglaser.org.uk **by midnight on 10 April**.

### This section to be completed by the Council applicant.

|  |  |
| --- | --- |
| Full name |  |
| Membership number |  |
| Address |  |

|  |
| --- |
| **I am applying to be a member of the Girlguiding Council. I am applying for a current vacancy for an elected member of Girlguiding LaSER:** |

My application is being proposed by:

**1:**

|  |  |
| --- | --- |
| Name: |  |

**2:**

|  |  |
| --- | --- |
| Name: |  |

**This section to be completed by the person nominating the Council applicant – they should complete the next section of the form and submit their form separately to the relevant email address given above.**

|  |  |
| --- | --- |
| Full name |  |
| Role |  |
| Membership number |  |

**I wish to nominate:**

|  |  |
| --- | --- |
| Name: |  |

for election to the Girlguiding Council. I understand that if elected their term of office would start on the day of the next Girlguiding AGM, initially for a three-year period.

I understand that elected members must be Girlguiding members aged 14 or above.

I have known the nominee since:

|  |
| --- |
|  |

I wish to make the following comments in support of my nomination.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

### (If you are emailing this form from an email address in your name you can type your name into the form here. You do not need to print the form, sign and post/scan it.)

**Please send your completed nomination form to the relevant email address below by the closing date (see top of form) using ‘Council nomination’ as the subject of your email. If you have any queries please email the relevant email address.**