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| **Girlguiding LaSER International Opportunities in 2021 Leader Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete this form electronically and return to* [*international@girlguidinglaser.org.uk*](mailto:international@girlguidinglaser.org.uk) *by 23 February 2020.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your personal 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: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Your Girlguiding career** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current role(s) in Girlguiding: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Unit name in full: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Second unit name in full (*if applicable*): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| District: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Division: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Girlguiding county: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Please give any previous appointment(s) in Girlguiding: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Time in Girlguiding as a leader: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Your Girlguiding experience (as an adult aged 18+)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Camp experience - How many nights have you spent UNDER CANVAS as: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A leader: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| A first aider or quartermaster: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Any other helper: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Residential Holiday experience – How many nights have you spent as: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A leader: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| A first aider or quartermaster: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Any other helper: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Which modules of the **Going Away With** **Scheme** have you completed? (Y/N) (Please state the section for the programme module) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Planning: | | | | | 1. Administration: | | | | | | | 1. Safety & Security: | | | | | | | 1. Health and First Aid: | | | | | | | | | |
| 1. Catering: | | | | | 1. Programme: | | | | | | | 1. Facilities: | | | | | | | 1. Camping Equipment: | | | | | | | | | |
| Camp & Holiday Scheme Large-Scale events: | | | | | | | | | | | | Camp & Holiday Scheme Joint events: | | | | | | | 1. Travelling Abroad: | | | | | | | | | |
| Have you completed any of the modules of the **Health & First Aid Scheme**? (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1: | | | | | | 2: | | | | | | | | | | | 3: | | | | | | 4: | | | | | |
| Have you completed any of the modules of the **Catering Scheme**? (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1: | | | | | | 2: | | | | | | | | | | | 3: | | | | | | 4: | | | | | |
| Do you have a current First Aid Certificate (Y/N): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you don’t hold a Rangers licence - are you able to, and planning to, complete a Rangers licence or appropriate module in the next 12 months? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| If you don’t already have the Travelling Abroad module are you prepared to complete it if asked to lead an international group? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Is there any particular experience(s) in Girlguiding that you would like to mention?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Service projects: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Qualifications or skills: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 Girlguiding? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Can you swim? How far? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Do you hold any position(s) of responsibility outside Girlguiding? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Your Girlguiding international experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list the details of any international experiences you have had previously as a member of Girlguiding UK:  *(1.) such as UK International camp, Jamboree, package holiday (Jeka, Venture Abroad), GOLD, homestay, independent camp/holiday, service project, World Centre stay, cultural exchange, WAGGGS (or similar) conference, service crew.*  *(2.) such as ranger, leader etc* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | What year? | | | | | | | | Type of Experience (1): | | | | | Role (2): | | | | | | | | |
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| **Your non-Girlguiding international experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(3.) such as voluntary work, family holidays, solo travel etc* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country: | | | | | | | What year? | | | | | | | | Type of Experience (3): | | | | | | | | | | | | | |
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| Which languages other than English do you speak, and to what level of proficiency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us something about yourself:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us why you would like to be a leader on a Girlguiding LaSER International Expedition/Adventure:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please tell us what you expect of a Girlguiding LaSER International Expedition/Adventure, what you would like the participants to experience, and how you could be instrumental in bringing this about:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you have any particular needs which we should be aware of? If so, please give details. Any health conditions which may affect the expedition/adventure insurance MUST be declared.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Health: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobility: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Sensory: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Dietary: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Vegetarian: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Vegan: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your preferences** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (please mark Y/N) | | | Expedition  (3 weeks) | | | | | | | |  | | | Adventure  (2 weeks) | | | |  | | | | No preference | | | | | |  |
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| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please provide the names and contact details of two referees. One should be your local commissioner and the other should be someone you have worked with within Girlguiding. Both should have agreed to act as your referee for this application. They should not be related to you.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Your local commissioner** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Someone else you have worked with within Girlguiding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you know this person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | |  | | | |
| **Please return your completed form to** [**international@girlguidinglaser.org.uk**](mailto:international@girlguidinglaser.org.uk) **by 23 February 2020.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For county and region use only: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Endorsement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We confirm that the County supports this application: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of county: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| County Commissioner | | | | | | | | Name: | | | | |  | | | | | | | | | | | Date: | |  | | |
| County International Adviser | | | | | | | | Name: | | | | |  | | | | | | | | | | | Date: | |  | | |
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| Observations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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