



The RM must send this form to your State office .

## Management Qualification and appointment Form

| PERSONAL DETAILS  |                             |                              |  |
|---|-----------------------------|------------------------------|--|
| Preferred Title:  | Given Names:                | Surname:                     |  |
| Email:  |                             | Phone:                       |  |
| Date of Birth:  | Member No.:                 | Expiry:                      |  |
| <b>RM Report:</b><br>I confirm that the DM in Training has successfully completed her Passport and met ALQP standards by:   |                             |                              |  |
| <ul style="list-style-type: none"> <li>▪ Demonstrating and upholding The Girl Guide Promise and Guide Law</li> <li>▪ Following the GGA Code of Conduct</li> <li>▪ Following and upholding the CSCF Framework</li> <li>▪ Promoting and celebrating diversity and inclusion</li> <li>▪ Representing Guiding in the community</li> <li>▪ Facilitating District meetings, recording minutes and filing as per SGGO requirements</li> <li>▪ Supporting Leaders and providing opportunities for growth</li> <li>▪ Developing a support network to assist with the District</li> <li>▪ Building positive relationships and working with others to build a positive culture</li> <li>▪ Providing advice and monitoring safety and wellbeing of Guides and members of the community</li> <li>▪ Assisting in recruiting and inducting new leaders</li> <li>▪ Providing advice on risk assessment plans</li> <li>▪ Responding to challenging situations, conflict, or pressure in a calm manner</li> <li>▪ Challenging stereotypes and responding appropriately in different cultural and social contexts</li> </ul> |                             |                              |  |
| APPOINTMENT DETAILS   |                             |                              |  |
| Role (please tick):   | DM <input type="checkbox"/> | ADM <input type="checkbox"/> |  |
| District:   | Region:                     |                              |  |
| Appointment Date:   |                             |                              |  |
| CONFIRMATION  |                             |                              |  |
| <b>DM/ADM-</b> I agree to fulfil the role in line with the agreed Role Description and GGA Code of Conduct  |                             | Signature:                   |  |
|   |                             | Date:                        |  |
| <b>Mentor-</b> I am satisfied that all aspects of the ALQP District Management Qualification have been completed  |                             | Name:                        |  |
|   |                             | Member No:                   |  |
|   |                             | Signature:                   |  |
|   |                             | Date:                        |  |
| <b>RM-</b> I confirm all requirements for the above role have been met. The Role Review is scheduled for:<br><br>.....  |                             | Name:                        |  |
|   |                             | Member No:                   |  |
|   |                             | Signature:                   |  |
|   |                             | Date:                        |  |
| STATE OFFICE USE ONLY   |                             |                              |  |
| Date record updated:  |                             | Updated by:                  |  |
| District MQ Certificate, letter sent date:  |                             | Sent to:                     |  |

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