



The DM must send this form to your State office.

# Leadership Qualification and Appointment Form

PERSONAL DETAILS			
Preferred Title:	Given Names:	Surname:	
Email:		Phone:	
Date of Birth:	Mem No.:	Expiry:	
<b>DM Report</b>	I confirm the Leader in Training has successfully completed her Passport and met the 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 Youth Members to implement the AGP through a well-balanced program</li> <li>▪ Supporting girls and provides opportunities to discover their potential as leaders of their world</li> <li>▪ Developing a support network to assist with the District</li> <li>▪ Building positive relationships working together to develop a positive culture</li> <li>▪ Providing advice and monitors safety and wellbeing of Guides and members of the community</li> <li>▪ Assisting in recruiting and inducting new leaders</li> <li>▪ Monitoring the safety and well being of Guides including the implementation of risk plans</li> <li>▪ Responding to challenging situations, conflict, or pressure in a calm manner</li> <li>▪ Challenging stereotypes and responds appropriately in different cultural and social contexts</li> </ul>			
APPOINTMENT DETAILS			
Position (please tick)	UL <input type="checkbox"/>	AUL <input type="checkbox"/>	
District:	Region:		
Unit:	Appointment Date:		
CONFIRMATION			
<b>UL/AUL</b> - I agree to fulfil the role in line with the agreed Role Description and Code of Conduct. <input type="checkbox"/>		Signature:	
		Date:	
<b>Mentor</b> - I am satisfied that all aspects of the ALQP Leadership Qualification have been completed. <input type="checkbox"/>		Name:	
		Member No:	
		Signature:	
		Date:	
<b>DM</b> - I confirm all requirements for the above position have been met. The Role Review is scheduled for: <input type="checkbox"/>		Name:	
		Member No:	
		Signature:	
		Date:	
STATE OFFICE USE ONLY			
Date record updated:		Updated by:	
LQ Certificate letter sent date:		Sent to:	

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