

NOMINATION FORM

Please click the cursor inside the box and type or print clearly with a black pen or attach further pages if required.

NOMINATION FOR:

PERSONAL DETAILS

Preferred Title:	Given Names:			Surname:	
Address:				Date of Birth:	
State:		Postcode:		Email:	
Phone:			Mobile:		
Membership No:				Expiry:	
Current Position in Girl Guiding:					

GUIDING EXPERIENCE

1. Leader:
2. Recent Committees:
3. Other Guiding experience and qualifications relevant to your nomination:

Please complete reverse side of this form

INTERESTS AND EXPERIENCE RELEVANT TO NOMINATION

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WORK EXPERIENCE AND QUALIFICATIONS

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Nomination Accepted:

(Signature of Nominee)

Date:

PROPOSER'S STATEMENT

Comments:

Name:	Signature:	Date:

I am aware of this application and will provide further information if required.

State Commissioner:

(signature)

Date:

See page 3 for explanatory notes

Explanatory Notes

1. Each nomination form should be accompanied by a supporting letter outlining any initial thoughts about the 'water' project to be implemented on candidate's return
2. The signature of the State Commissioner is required to acknowledge that she is aware of the application.

Completed form to be forwarded to the National Office
international@girlguides.org.au