

International Application Form - Adult Members

PERSONAL DETAILS	
EVENT APPLIED FOR	
COUNTRY WHERE EVENT WILL BE HELD	
DATE APPLICATIONS CLOSE	

NAME		ID #	
DATE OF BIRTH		PHONE	
CURRENT ADDRESS			
CITY		POSTCODE	
EMAIL ADDRESS			
SOCIAL MEDIA	IF YOU ARE HAPPY TO BE TAGGED IN GIRLGUIDING NZ POSTS OR HAVE YOUR POSTS SHARED, PLEASE SHARE YOUR SOCIAL MEDIA ACCOUNT HANDLES		

EMERGENCY CONTACT			
NEXT OF KIN			
ADDRESS		PHONE	
CITY		POSTCODE	
RELATIONSHIP			

EDUCATION
Give a brief overview of education and achievements

EMPLOYMENT AND VOLUNTEER EXPERIENCE
Give a brief overview of employment history and volunteer experience

GUIDING DETAILS			
CURRENT POSITION IN GUIDING			
NAME OF YOUR CURRENT UNIT			
REGIONAL HUB		LOCAL TEAM	
WHY ARE YOU APPLYING TO ATTEND THIS EVENT?			

PREVIOUS INTERNATIONAL / NATIONAL EVENTS ATTENDED
<p>Please tell us about your experience of national and international events <i>(what, where, when, #of nights, outdoors/indoors):</i></p>

GUIDING QUALIFICATIONS
<p>Please include your guiding qualifications and year of attainment <i>Eg. Leadership Qualification, Camp Certificate, any GirlGuiding NZ qualifications</i></p>

CAMPING EXPERIENCE
<p>If you are applying for an event that includes outdoor camping, please tell us about your camping experience (nights spent in tents at each camp)</p>

ADDITIONAL INFORMATION

Why do you think you would be a good representative of GirlGuiding New Zealand?

Tell us about yourself, your hobbies and interests

Is there any special assistance, support or issues that we need to be aware of that may impact on your participation at this event eg. Are you a sleep walker/asthmatic/sufferer of anxiety etc

Would you consider accepting the role as a contingent leader if this role was offered to you?

Is there any experience you have had as contingent leader? What do you think you can bring to the role of contingent leader?

NEXT STEPS

- Please send a scanned photo of yourself in uniform with your application
- Please complete the applicant's statement below

The requested information is required by GirlGuiding New Zealand for the purposes of deciding whether you can represent GirlGuiding New Zealand at an international Guiding event. It is not required for any other purpose. The information will only be available to those directly involved in accepting or declining your application to attend this event. The contents of this form remain confidential to GirlGuiding New Zealand.

APPLICANTS STATEMENT

<input type="checkbox"/>	I will share the event as widely as possible with my regional hub. I will use the knowledge and skill gained from the event to promote and stimulate further interest in the GirlGuiding NZ programme wherever possible.
<input type="checkbox"/>	I agree to remain a member of GirlGuiding New Zealand for at least two years following the event.* <i>*(applicable when event and travel costs have been subsidized by GirlGuiding New Zealand)</i>
<input type="checkbox"/>	I understand the nature and purpose of the event for which I am applying. If selected, I will assume responsibility for following all directions and for carrying out my obligations before, during and after the event.
<input type="checkbox"/>	I acknowledge that if I have any pre-existing medical conditions, selection is conditional on my passing a full medical examination. A signed medical certificate is to be sent to the international team at international@girlguidingnz.org.nz within 10 days of notification of acceptance.
<input type="checkbox"/>	I acknowledge receipt of and have read the travel agent's Booking Terms and Conditions.
<input type="checkbox"/>	I will provide full payment as charged.

SIGNATURE

SIGNATURE OF APPLICANT		DATE	
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After you have completed the Applicant's Section, please email your photograph and this form to your Local Co-ordinator for her endorsement.

ENDORSEMENT OF APPLICANT

This section of the form will not be seen by the applicant after it is completed.

Please fill in the relevant section of the form. The Local Co-ordinator will send the completed application form and photo to international@girlguidingnz.org.nz.

Please be honest in your assessment of the applicant. These evaluations are relied on to ensure that those selected will represent GirlGuiding New Zealand well.

Below is a list of attributes we would be looking for in an applicant. Examples of these attributes in your assessment would be helpful.

<input type="checkbox"/> Good communication skills	<input type="checkbox"/> Self-confidence and self-knowledge	<input type="checkbox"/> Self-responsibility and initiative
<input type="checkbox"/> Consideration of others	<input type="checkbox"/> Tolerance and respect for other cultures	<input type="checkbox"/> Keeness to learn about other cultures
<input type="checkbox"/> Adaptability	<input type="checkbox"/> Ability to be part of a team and accept group decisions	<input type="checkbox"/> Co-operation and flexibility
<input type="checkbox"/> Good health and fitness	<input type="checkbox"/> Sense of humour	<input type="checkbox"/> Family support

ENDORSEMENT BY LOCAL CO-ORDINATOR

Please state clearly why you do or do not support this leader's application for this event as a team member

<input type="checkbox"/> Very Suitable	<input type="checkbox"/> Suitable	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsuitable
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<input type="checkbox"/> Very Suitable	<input type="checkbox"/> Suitable	<input type="checkbox"/> Marginal	<input type="checkbox"/> Unsuitable
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Name of local co-ordinator and local team name / number:

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Would you recommend this leader for the position of contingent leader? If so, please rate her suitability as a contingent leader taking into consideration her experience in:

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<input type="checkbox"/> Guiding	<input type="checkbox"/> Overseas travel	<input type="checkbox"/> Camping	<input type="checkbox"/> General people management and organizational skills
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Please state clearly why you do or do not recommend this leader for the position of contingent leader

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SIGNATURE	DATE
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I acknowledge that I have made full disclosure regarding the suitability of this applicant to the best of my belief

PLEASE SEND THIS APPLICATION TO THE REGIONAL HUB CO-ORDINATOR

ENDORSEMENT BY REGIONAL HUB CO-ORDINATOR

Please state clearly why you do or do not support this leader's application for this event as a team member

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SIGNATURE

DATE

I acknowledge that I have made full disclosure regarding the suitability of this applicant to the best of my belief

PLEASE RETURN THE COMPLETED APPLICATION TO international@girlguidingnz.org.nz