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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME** |  | **ID #** |  | | |
| **DATE OF BIRTH** |  | **AGE AT TIME OF EVENT** | | |  |
| **CURRENT ADDRESS** |  | | | | |
| **CITY** |  | **POSTCODE** | |  | |
| **EMAIL ADDRESS** |  | **PHONE** | |  | |
| **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** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GUIDING DETAILS** | | | |
| **NAME OF YOUR CURRENT UNIT** |  | | |
| **NAME OF YOUR UNIT TEAM LEADER** |  | | |
| **REGIONAL HUB** |  | **LOCAL TEAM** |  |
| **WHY ARE YOU APPLYING TO ATTEND THIS EVENT?** | | | |
|  | | | |

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

|  |
| --- |
| **CAMPING EXPERIENCE** |
| **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)** |
|  |

|  |
| --- |
| **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 etc** |
|  |

|  |
| --- |
| **NEXT STEPS** |
| * Please send a scanned photo of yourself in uniform with your application * Both the applicant’s statement and Parent’s Statement below should be completed if you are under 18 years.   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** | |
|  | 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. |
|  | I agree to remain a member of GirlGuiding New Zealand for at least two years following the event.\*  *\* (applicable when event and travel costs have been subsidized by GirlGuiding New Zealand)* |
|  | 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. |
|  | 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](mailto:international@girlguidingnz.org.nz) within 10 days of notification of acceptance. |
|  | I acknowledge receipt of an have read the travel agent’s Booking Terms and Conditions. |
|  | I will provide full payment as charged. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | | | |
| **SIGNATURE OF APPLICANT** |  | **DATE** |  |

|  |  |  |
| --- | --- | --- |
| **PARENT / CAREGIVE STATEMENT (IF UNDER 18 YEARS OF AGE)** | | |
| This is to certify that to the best of my / our knowledge  ability to fully participate in the event for which she is applying |  | Is in good health and has the |
| She has our permission to participate in this event should she be selected. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** | | | |
| **NAME OF PARENT / CAREGIVER** |  | | |
| **SIGNATURE OF PARENT / CAREGIVER** |  | **DATE** |  |
| **ADDRESS** |  | | |
| *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](mailto: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.** | | |
| Good communication skills | Self-confidence and self-knowledge | Self-responsibility and initiative |
| Consideration of others | Tolerance and respect for other cultures | Keenness to learn about other cultures |
| Adaptability | Ability to be part of a team and accept   group decisions | Co-operation and flexibility |
| Good health and fitness | Sense of humour | Family support |

|  |  |  |  |
| --- | --- | --- | --- |
| **ENDORSEMENT BY UNIT TEAM LEADER** | | | |
| **NAME** |  | | |
| **Please state clearly why you do or do not support this application for this event** | | | |
|  | | | |
| **SIGNATURE** |  | **DATE** |  |
| **PLEASE SEND THIS APPLICATION TO THE LOCAL CO-ORDINATOR** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ENDORSEMENT BY LOCAL CO-ORDINATOR** | | | | | |
| **NAME** |  | | | | |
| **Please state clearly why you do or do not support this application for this event** | | | | | |
|  | | | | | |
| Very Suitable | | Suitable | Marginal | | Unsuitable |
| **SIGNATURE** |  | | | **DATE** |  |
| **PLEASE RETURN THE COMPLETED APPLICATION TO** [**international@girlguidingnz.org.nz**](mailto:international@girlguidingnz.org.nz) | | | | | |