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

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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)
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ADDITIONAL INFORMATION

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

<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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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.

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"/> Keenness 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 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