|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Section A and B to be completed by the Guide/Ranger* | | | **DATE OF APPLICATION** | | | |  | | |
| **A: PERSONAL DETAILS** | | | | | | | | | |
| **NAME** |  | | | **AGE** |  | | **DATE OF BIRTH** | |  |
| **ADDRESS** |  | | | **UNIT NUMBER** | |  | | | |
| **REGIONAL HUB** | |  | | | |
| **PHONE** |  | | | **EMAIL** | |  | | | |
| **B: REASON FOR REQUEST** | | | | | | | | | |
| Outline briefly why you want/need an extension *(e.g. health, family, not in unit long enough; include details of what has not been completed and what time frame is required to complete them)* | | | | | | | | | |
|  | | | | | | | | | |
| **EXPECTED COMPLETION DATE** | |  | | | | | | | |
| **RANGERS:** DATE JOINED | |  | | **RANGERS:** PEAK AWARD DATE | | | |  | |

**Endorsements**

|  |  |  |  |
| --- | --- | --- | --- |
| **C: LEADER’S ENDORSEMENT** | | **D: REGIONAL HUB CO-ORDINATOR’S ENDORESEMENT** | |
| **NAME** |  | **NAME** |  |
| **EMAIL** |  | **EMAIL** |  |
| **PHONE** |  | **PHONE** |  |
| **COMMENTS** |  | **COMMENTS** |  |

*Send to Portfolio Holder for Approval (either* [*guideprogramme@girlguidingnz.org.nz*](mailto:guideprogramme@girlguidingnz.org.nz?subject=GA/Aoraki%20Award%20Extension%20Application) *or* [*rangerprogramme@girlguidingnz.org.nz*](mailto:rangerprogramme@girlguidingnz.org.nz?subject=QG%20Award%20Extension%20Application)*)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **E: COMPLETED BY GUIDE/RANGER PORTFOLIO HOLDER** | | | | | |
| **EXTENSION GRANTED** | Yes  No | **APPLICANT NOTIFIED** | | **REGIONAL HUB CO-ORDINATOR NOTIFIED** | |
| **EXTENSION TO** |  | | | | |
| **PORTFOLIO HOLDER** |  | | **APPROVAL DATE** | |  |

*Portfolio Holder to forward to National Office. Email:* [*info@girlguidingnz.org.nz*](mailto:info@girlguidingnz.org.nz?subject=GA%20/%20QG%20Award%20Extension%20Application)

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFICE USE** | | | |
| **AWARD COMPLETED** | Yes | **DATE** |  |

**Using this form**

**Action**

**Guide/Ranger** to complete Section A and Section B

* This should be as soon as it is known that the upper age deadline will not be met and preferably two months before the deadline.
* Please include as much information as possible to ensure fair judgment of the situation.
* Forward to Unit Leader.

**Unit Leader** to complete Section C

* include additional information about the situation to support this application forward to Regional Hub Co-ordinator

**Regional Hub Co-ordinator** to complete Section D

* Include any additional information about the situation, if required.
* Forward directly to Section Portfolio Holder.

**Section Portfolio Holder** to complete Section E

* Advise via email the applicant, Unit Leader and and Regional Hub Co-ordinator of the outcome.
* Forward form to National Office.

**National Office** to

* record details.