|  |  |  |
| --- | --- | --- |
| *Section A and B to be completed by the Guide/Ranger* | **DATE OF APPLICATION** |  |
| **A: PERSONAL DETAILS** |
| **NAME** |  | **AGE** |  | **DATE OF BIRTH** |  |
| **ADDRESS** |  | **UNIT NAME** |  |
| **REGIONAL HUB** |  |
| **PHONE** |  | **EMAIL** |  |
| **B: REASON FOR REQUEST** |
| Outline briefly why you need an extension, and please clearly include the details of which parts of your Guides Aoraki or Queens Guide Award you still have to complete. |
|  |
| **EXPECTED COMPLETION DATE** |  |
| **RANGERS:** DATE JOINED |  | **RANGERS:** PEAK AWARD DATE |  |

**Endorsements**

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

*Send to the National Programme Adviser for approval (**nationalprogramme@ggnz.org.nz*)

|  |
| --- |
| **E: COMPLETED BY NATIONAL PROGRAMME ADVISER** |
| **EXTENSION GRANTED** | [ ]  Yes [ ]  No  | [ ]  **APPLICANT NOTIFIED** | [ ]  **LEADER NOTIFIED** |
| **EXTENSION TO** |  |
| **PROGRAMME ADVISER** |  | **APPROVAL 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 Local Co-ordinator

**Local Co-ordinator** to complete Section D

* Include any additional information about the situation, if required.
* Forward directly to Programme Adviser.e

**Programme Adviser** to complete Section E

* Advise via email the applicant and Unit Leader of the outcome.
* Form recorded on file
* Girl details added to National Extensions documents, shared with Event and International Coordinator