GGNO149/2021

Application for an extension to complete to Guides Aoraki Award / Queen's Guide Award



Please delete or cross out the one not applicable

Section A and B to be completed by the Guide/Ranger

A: PERSONAL	DETAILS							
NAME				AGE			DATE OF BIRTH	
ADDRESS				UNIT NAME			•	
				REGIO	NAL HUB			
PHONE				EMAIL				
B: REASON FO	OR REQUEST							
	why you need an	extension, and please e.	e clearly include	e the de	tails of whic	ch parts	of your Guides Aor	aki or Queens Guide
		1						
EXPECTED CO	MPLETION DATE			T			ļ.	
RANGERS: DATE JOINED				RANGERS: PEAK AW			DATE	
ndorsemen	its							
C: LEADER'S E	NDORSEMENT			D: LOCAL CO-ORDINATOR'S			R'S ENDORSEMENT	
NAME				NAME				
EMAIL				EMAIL	L			
PHONE				PHON	E			
COMMENTS				COMN	IENTS			
end to the Prog	ramme Co-ordinat	or for approval <u>quidep</u>	orogramme@g	gnz.org.	nz or <u>range</u>	rprogra	ımme@ggnz.org.nz)	
E: COMPLETE	D BY PROGRAMM	IE CO-ORDINATOR						
EXTENSION GRANTED		☐ Yes ☐ No	☐ APPLICA	ICANT NOTIFIED			ADER NOTIFIED	
EXTENSION TO	0							
PROGRAMME ADVISER			APPROVAL DATE					

DATE OF APPLICATION

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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