

Date of event:

Type of event:

Outdoor

Brownies

Qualifications/Modules to be assessed:

Indoor

Rainbows

Modules 1-4

Module 5 (catering)

Module 6 (programme)

Module 7 (facilities – indoor)

Going Away With Assessment Request Form

Qualification, Endorsement and Extra Modules

Please submit this form to the appropriate County Adviser via your District Commissioner and Division Adviser, at least 6 weeks before the event date.

lissioner and Division Adviser, at least 6 weeks before the event date

Please complete both pages of this form.

Guides

Rangers

Module 8 (equipment – camping) Catering programme		
Personal details		
Name: Address: Postcode Telephone: E-mail:	Mobile:	
Girlguiding membership number: Do you currently hold your Girlguiding Leadership Qualification? Current position: Unit:		
Division:	District:	

<u>Experience</u>				
Qualifications or modules already gained:				
Residential trainings attended with dates:				
Experience – dates of residentials attended, location and unit:				
Camp/residential details	<u> </u>			
Full address of site:				
Postcode:				
What3Words location:				
Leadership team details Please indicate: LQ – Leadership qualification or UH – Unit Helper Please identify role: Leader in charge, catering, first aid, other (please specify)				
Name	LQ/UH	Membership number	Role	
Please confirm the numb	per of ea	ch section attending th	nis event:	
Rainbows Brown	nies	Guides	Rangers	
Young leaders: Other Children (age and	d gender):		
		<u></u>		
Approval				
District Commissioner's s	ignature	:	Date:	

Residential Adviser signature:

Date: