

APPLICATION FOR
“GIRLGUIDING LINCOLNSHIRE SOUTH COUNTY DISCRETIONARY AWARDS”

All nominations should be made without the knowledge of the nominee. Please refer to the Notes and Guidelines for the award. Please complete all sections and give the detailed reason for the nomination overleaf.

This form can be sent at any time but by September 30th of each year to the County Awards Committee Chairman.

Please complete in block capitals and include your contact details in case further information is required.

| <u>PERSONAL DETAILS OF NOMINEE:</u> | <u>GUIDING DETAILS OF NOMINEE</u> |
|--|---|
| TITLE (Miss/Mrs/Ms/Mr/Other) | UNIT/GUILD |
| SURNAME | DISTRICT |
| FORNAME(S) | DIVISION |
| HOME ADDRESS | APPOINTMENT(S) HELD AT TIME OF NOMINATION |
| POSTCODE | |

| <u>DETAILS OF NOMINATOR:</u> | <u>GUIDING DETAILS OF NOMINATOR</u> |
|-------------------------------------|--|
| TITLE (Miss/Mrs/Ms/Mr/Other) | UNIT/GUILD |
| SURNAME | DISTRICT |
| FORNAME(S) | DIVISION |
| HOME ADDRESS | RELATIONSHIP TO NOMINEE |
| POSTCODE | I HAVE KNOWN THE NOMINEE FOR _____ YEARS I HAVE SUBMITTED DETAILS THAT ARE TRUE TO THE BEST OF MY BELIEF AND RECOMMEND THE NOMINEE TO RECEIVE THE AWARD |
| TEL: | SIGNED |
| E-MAIL | DATE |

| | |
|------------------------|-----------------------------------|
| For County use: | Recommended/not recommended to CC |
| Date received | Endorsed by CC on |
| Date considered | CCs Signature |
| | Date award presented |

PLEASE GIVE ALL RELEVANT DETAILS OF THE NOMINEE TO JUSTIFY ELIGIBILITY FOR THE AWARD