**APPLICATION AND RECOMMENDATION FORM  
FOR GUIDE CAMP PERMIT**

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| **NAME:** | **DOB:** | | |
| **MEMBERSHIP NUMBER:** | | | |
| **ADDRESS:** | | | |
| **TELEPHONE NUMBER:** | **EMAIL:** | | |
| **UNIT:** | **DISTRICT:** | | |
| **DIVISION:** | | | |
| **DATE OF EVENT:** | | | |
| **SITE ADDRESS:** | | | |
| **TOTAL NUMBER OF PARTICIPANTS (INCLUDING YOURSELF):** | | | |
| **DATE CAMP LEVEL 4 SB AWARDED:** | | **NO OF PARTICIPANTS WITH CAMP LEVEL 4 SB:** | |
| **SIGNATURE OF APPLICANT:** | | | **DATE:** |
| **RECOMMENDATION:**  **We recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a candidate for the Guide camp permit and confirm that she has gained the knowledge and experience to carry out the assessment.**  **SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNIT LEADER**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT COMMISSIONER or**  **DIVISION RESIDENTIAL ADVISER** | | | |

Please return this completed form by email to:  
**County Residential Adviser Guides/Rangers:** Hilary Zayed, raguides@girlguidingbucks.org.uk  
October 2023 – Hilary Zayed