**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