

GUIDE ASSOCIATION OF BUCKINGHAMSHIRE

APPLICATION AND RECOMMENDATION FORM FOR RAINBOW/BROWNIE/GUIDE
OVERNIGHT/HOLIDAYS/CAMPS
CATERER / HEALTH AND FIRST AID

Name Girlguiding Membership No.

Unit:

District Division

Address:

.....Post Code

Tel No. Email:

Date of Assessment Overnight/Holiday/Camp:

Place of Assessment:

Directions for finding site:

Names of Staff on Assessment Overnight/Holiday/Camp:

QM:

First Aider:

Others:

Approx. numbers attending: Rainbows:..... Brownies: Guides/Young Leaders:

Guiders: Others (please specify):

Previous Holiday/Camp experience: Please state place and date of last holiday/camp and name of Guider in Charge:

.....

Date of Overnight/Holiday/Camp training:

Signed: Date:

RECOMMENDATION:

We recommend for the
Assessment and confirm that she has acquired the skill, knowledge and experience needed.

Signed: District Commissioner

..... Division Holiday Advisor

This form to be returned with fee of £25.00 (or £15.00) made payable to Guide Assn of Bucks - Outdoor Activity to:

Rainbow forms - Mrs Michal Plumridge, 34 Bower End, Chalgrove, Oxon, OX44 7YW

Brownie forms - Mrs Pauline Hall Bryn Cottage, Highwood Bottom, Speen, Princes Risborough, Bucks HP27 0PY (temporary cover for Brownie Advisor)

Guide & Senior Section forms - Mrs Sarah Stock, 17 Dulwich Close, Newport Pagnell, MK16 0PA OR