

GIRLGUIDING BUCKINGHAMSHIRE

APPLICATION AND RECOMMENDATION FORM FOR GUIDE CAMP PERMIT



NAME:	DOB:
MEMBERSHIP NUMBER:	
ADDRESS:	
TELEPHONE NUMBER:	EMAIL:
UNIT:	DISTRICT:
DIVISION:	
DATE OF CAMP:	
SITE ADDRESS (please attach directions):	
TOTAL NUMBER OF CAMPERS (INCLUDING YOURSELF):	
DATE OF GAINING THE ADVANCED CAMPER BADGE:	
SIGNATURE OF APPLICANT:	DATE:
RECOMMENDATION: I recommend _____ as a candidate for the GuideCamp Permit and confirm that she has gained the knowledge and experience to carry out the assessment. SIGNED: _____ UNIT LEADER. MEMBERSHIP NUMBER: _____ EMAIL: _____	

Please return this completed form to your **Division Residential Adviser** who will help you find a mentor and organise for you to be assessed. Your mentor should not be your Unit Leader.

If you do not have a Division Adviser or require further assistance then, contact:

Ms Alison Leah, Silverdale, 68 Dukes Wood Drive, Gerrards Cross, Bucks. SL9 7LF

bucksguidesra@yahoo.co.uk

County Residential Adviser (Guides and Senior Section)