



COUNTY GOOD SERVICE AWARD NOMINATION FORM

(To be used when nominating a candidate for a County Good Service Certificate)

Nominees Full Name: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____

Current Position in Guiding: _____

History in Guiding: Please attach a copy of the nominee's Go! Record.

Reason for Nomination: (Use additional sheets if necessary)

Has Nominee previously received any award from Girlguiding? YES/NO/Not known* (if Yes, please give details)

Signature of Proposer: _____ Signature of Seconder: _____

Proposer: _____ Seconder: _____

Appointment: _____ Appointment: _____

Email and Contact telephone number of Proposer:

(ALL NAMES IN BLOCK CAPITALS and PLEASE INCLUDE MEMBERSHIP NUMBERS)

Date: _____

Please return this form to the County Office:

Girlguiding Buckinghamshire, 3 Walton Terrace, Walton Street, Aylesbury, Bucks HP21 7QY

Please mark the envelope as 'Confidential' and 'for the Attention of the Chairman County Awards Committee'

* Delete as applicable