



COMMONWEALTH AWARD NOMINATION FORM

(To be used when nominating a Guide or Senior Section member for the Commonwealth Award)

Full Name of Candidate: _____

Unit/District and Division: _____

Address: _____

_____ Post Code: _____

Date of Birth: _____

Attach completed Assessment Record Form

Name of Leader: _____ Signature of Leader: _____
(Please print name in block capitals)

Appointment: _____

Email and Telephone contact: _____

Date: _____

Signature of County Commissioner: _____

Date: _____

When complete, this form is to be sent to the Chairman of the County Awards Committee:
Girlguiding Buckinghamshire County Office,
3 Walton Terrace
Walton Street
Aylesbury
HP21 7QY

COMMONWEALTH AWARD ASSESSMENT RECORD

Clause in Syllabus	Assessors Names and Signatures	Date Completed
History of Guiding	a. b. c.	
Knowledge of the Commonwealth	a. b.(i). b.(ii). b.(iii). c.	
Community Action		
2 of the following Optional Clauses		
Health	a. b.	
Environment	a. b.	
Cultural Heritage	a. b.	
Fit for Life Out of Doors	a. <i>or</i> b.	
Public Speaking or Debating	a. <i>or</i> b.	
Creative Writing		
Citizenship	a. b.	
Investigation	a. <i>or</i> b.	