

S/c

Application:

Star of Merit (meritorious conduct award)

FOR CHQ OFFICE USE ONLY

Application received (date) _____

Award granted (date) _____

COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED* ITEMS AS APPROPRIATE.

IF APPROPRIATE, THE COUNTRY OR REGION MEDICAL ADVISER WILL ENSURE MEDICAL INFORMATION IS SOUGHT.

ALL APPLICATIONS MUST BE MADE WITHOUT THE KNOWLEDGE OF THE NOMINEE OR HER RELATIVES.

THE NOMINEE MUST BE UNDER THE AGE OF 26 AND MUST HAVE BEEN A FULL MEMBER OF GIRLGUIDING UK WITHIN SIX MONTHS OF THIS APPLICATION FORM BEING RECEIVED AT THE COUNTRY OR REGION OFFICE.

THE FINAL RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE ARE THE RESPONSIBILITY OF GIRLGUIDING UK'S AWARDS COMMITTEE.

Nominee details

Surname _____

First name(s) _____

*Miss/Mrs/Ms/other _____

Address _____

Postcode _____

① _____

Date of birth _____

Section (*Rainbow/Brownie/Guide/Senior Section)

Unit _____

District _____

Division _____

County _____

Country or Region _____

*Guider's/Commissioner's report (please attach separate sheet)

***Guider's/Commissioner's details**

Surname _____

First name(s) _____

*Miss/Mrs/Ms/other _____

Address _____

Postcode _____

① _____

Email _____

Signed _____

Nominee's *Guider/Commissioner _____ Date _____

This application is recommended by:

Signed _____

District Commissioner _____ Date _____

Signed _____

Division Commissioner _____ Date _____

Signed _____

County Commissioner _____ Date _____

Signed _____

Chairman of the Country or Region Awards _____ Date _____

Committee or Chief Commissioner

Additional supporting signatures for a member with a disability:

Signed _____

Country Adviser for Members with Disabilities _____ Date _____

Signed _____

Country or Region Adviser for Members with Disabilities _____ Date _____

If appropriate, supply details of nominee's doctor or consultant for the Medical Adviser to contact.

Doctor's name _____

Practice/Hospital _____

Address _____

Postcode _____



Girlguiding UK

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E-mail: chq@girlguiding.org.uk Web site: www.girlguiding.org.ukFurther copies of this form are available from Country and Region offices, or CHQ (see *Supporting information* for contact details).

How to complete form S/c

Rainbows, Brownies, Guides and Senior Section members.

Nominee's Guider:

- completes and signs form.
- forwards it to District Commissioner.



District Commissioner:

- reads and signs form.
- forwards it to Division Commissioner.



Adult members aged under 26.

Nominee's District Commissioner:

- completes and signs form.
- forwards it to Division Commissioner.



Division Commissioner:

- reads and signs form.
- forwards it to County Commissioner.



County Commissioner:

- reads and signs form.
- if appropriate, ensures County Adviser for Members with Disabilities reads and signs form.
 - forwards it to Chairman of Country or Region Awards Committee.



Chairman of Country or Region Awards Committee:

- ensures a copy of the nomination is sent immediately to the Country or Region Medical Adviser.
- if appropriate, takes advice from the Country or Region Adviser for Members with Disabilities and Medical Adviser.



Country or Region Awards Committee:

- considers the application.
- if appropriate, takes advice from Country or Region Medical Adviser.
- decides whether to recommend the application to Girlguiding UK's Award Committee.



Chairman of Country or Region Awards Committee

or

Country or Region Chief Commissioner:

- signs the form.
- ensures it is forwarded to Girlguiding UK's Award Committee at CHQ.

Girlguiding UK's Award Committee considers the application. If it is agreed, a recommendation is made to Girlguiding UK's Executive Committee. If the recommendation is accepted, the medal and certificate are forwarded to the Country or Region office.



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