

ADULT GOOD SERVICE AWARD NOMINATION FORM

- This form is to be used for all Adult Good Service Awards with the exception of the Boronia Award
- This form is to be completed by any Adult Member wishing to recognise the good service of an Adult Member or Trefoil Guild Member.
- For details about these GGA Awards refer to the information available online.
http://www.guidelinesforgirlguides.org.au/guide_lines/roles-recognition-development/girl-guide-awards-recognition/good-service-awards-for-members/
- The application is made without the knowledge of the recipient.
- It is the Proposer's responsibility to ensure all information and letters required to support this nomination are included at the time of submission.
- A proposer and two or more supporters are required for each nomination. Proposers and supporters statements may be written on the nomination form or provided in an attached document with the name of the nominee clearly stated.
- Supporting documentation should detail different aspects of the nominee's Girl Guide service.
- If a recipient has received a previous Adult Good Service Award, deal only with the period since that award.
- Nominations must be received **at least 2 months** prior to the anticipated date of presentation of the award.
- Send the completed nomination form and supporting information clearly marked "**CONFIDENTIAL**" to the relevant State Office or to National Office and - for the attention of the Awards Committee'. Note: The National Committee assesses nominations for individuals who are working or have worked in a national capacity.

Please type or print clearly with a black pen.

Personal Details of Member Being Nominated for the Award

Preferred Title:	Given Names:	Surname:	
Address:		State:	Postcode:
Phone (BH): ()		Phone (AH): ()	
		Mobile:	
Email:			
Membership No:		Expiry: / / 20	
Current Position in Guiding:			
Previous Adult Guiding Award(s):		Presentation Date:	

Nominee’s Guide experience and service past and present (including dates):

Area of Service. Please indicate which descriptors best describe where the nominee has been working for the period covered in the nomination

This nomination related to a contribution made to Girl Guiding within

- A Unit
- A District
- A Region
- A State
- Girl Guides Australia
- International Guiding
- Olaves
- A Trefoil Guild

Period of Service related to this nomination. Please indicate which descriptor best describes the period of service.

- Short intensive period less than one year
- Less intensive over a longer period of one to three years
- Intensive over an extended period three years plus
- Other (please describe)

Nominee’s Roles and Service since the last award.

For example, please provide details of:

- Supervisory role at a District, Division, Region or State camp, Conference, Jamboree, or event
- Committee member/Planning team Region/State conferences, camps, jamborees or events
- Staffing at a District, Division, Region or State Camp, Conference, Jamboree, or event
- State committee member or Region Consultant/Team member
- Any role taken at National level eg member of National Committee

Please attach database information and/or Region records where available

Role	Name of Event/Camp/Committee/Project/ Working Party	Type (eg Region/State)	Date

Proposer's details

Name:		Signature:	Date: / / 20
Membership No:		Relevant Phone No/s:	
Email:		Position in Guiding:	

Proposer's Comments of no less than 250 words

(May be completed on a separate page – only include information that is relevant to Guiding service.)

Nominee's Active Participation in her current appointment/role:

Additional Service in her current appointment/role:

Scope of influence/impact as mentor or role model:

Promotion of Guiding in the wider community:

Contribution at a strategic and/or governance level (if applicable):

(1) Additional Supporter's details

Name:	Membership No:
Signature:	Date:
Supporters Comments: (May be completed on a separate page – only include information that is relevant to Guiding service.) <i>Please consider areas not already covered by the proposer, detailing different aspects of the nominee's Guiding service.</i>	

(2) Additional Supporter's details

Name:	Membership No:
Signature:	Date:
Supporters Comments: (May be completed on a separate page – only include information that is relevant to Guiding service.) <i>Please consider areas not already covered by the proposer, detailing different aspects of the nominee's Guiding service.</i>	

Aspects of the Nomination which are to be highlighted in the Certificate Citation:

Proposed Date of Presentation:

Please note that this date must be at least two months after nomination submission

Approval of Nomination by the Relevant Manager, Chairperson or Commissioner

(Refer Descriptor and Delegations Guideline)

Please attach additional comments on separate page

Name:	Role:
Signature:	Date:

FOR COMMITTEE USE ONLY:

Nomination Received:	Financial Checked:	Award Determined:
Citation Prepared:	State/Chief Commissioner verified:	Board endorsed as per MO /GGA Governance arrangements
Proposer Notified:	Manager/ Commissioner Notified:	SGGO Office notified to prepare certificate badge:
Notes		