

AW.14

## Adult Good Service Award Nomination Form – Non-Members



- This form is to be used for a Non-Member Volunteer Award – recognised by a Thanks Badge **OR** a Thanks Certificate
- This form is to be completed by any adult member wishing to recognise the good service of Non-Member Volunteer or Business/Organisation.
- For details about these Girl Guide Australia Awards refer to the information and form available online:  
[http://www.guidelinesforgirlguides.org.au/guide\\_lines/roles-recognition-development/girl-guide-awards-recognition/good-service-awards-for-non-members/](http://www.guidelinesforgirlguides.org.au/guide_lines/roles-recognition-development/girl-guide-awards-recognition/good-service-awards-for-non-members/)
- The nominee needs to have provided good service to GGA or SGGO.
- 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.
- If a recipient has received a previous Girl Guide Adult Good Service Award, deal only with the period since that award.
- Nominations can be received at any time during the year, but must be received **at least 2 months** prior to the anticipated date of presentation.
- 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 or organisations working or have worked in a national or world capacity.

*Please type or print clearly with a black pen.*

### Personal Details of Non-Member or Business/Organisation Being Nominated For the Award

#### For Individual Nomination:

Preferred Title:	Given Names:	Surname:
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#### For Business Nomination:

Name of Business:	Department (if applicable):	Contact:
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Address:		State:	Postcode:
Phone (BH): (    )	Phone (AH): (    )	Mobile:	
Email:			

#### Previous Adult Guiding Award(s), if any

*(type of award and year awarded):*

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**Service to Guiding (since last award if applicable)**

For example, please provide details of:

- Service given at a District, Division, Region or State level
- If they were a member of a committee or leader of the committee
- Taking on more tasks the longer they worked with Guiding
- How their contribution changed an aspect of Guiding
- Any additional information describing the contribution

Please attach database information and/or Region records where available

Role	Type (eg Region/State)	Date

**Staff Appointment (if applicable)**

*Is (or has) the nominee been in paid employment of a Guide organisation*      YES / NO

(for example SGGO, GGA, AP region or WAGGGS)

If yes please give any known details of positions held:

(include role title and approx. dates of employment)

**Approval of Nomination by the Relevant Manager, Chairperson or Commissioner****Proposer's details**

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

**Proposer's Comments**

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

*Nominee's contribution at a high standard using skills knowledge or experience:*

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*Nominee's active and positive contribution to Guiding:*

### **Additional Supporter's details**

Name:	Membership No:
Signature:	Date:
Email:	Position in Guiding:
<b>Supporters Comments</b> <i>(Please consider areas not already covered by the proposer, detailing different aspects of the nominee's Guiding service; additional information in support of this nomination can be submitted on a separate sheet.)</i>	

### **Type of Recognition - select one only (please indicate):**

Thanks Badge

Thanks Certificate

**Aspects of the Nomination which are to be highlighted in a Thanks Certificate Citation (if selected above):**

### **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**

(as per Descriptor and Delegations Guideline)

Please attach additional comments on separate sheet)

<b>Name:</b>	<b>Role:</b>
<b>Signature:</b>	<b>Date:</b>

**FOR OFFICE USE ONLY:**

Nomination Received:	Nomination assessed:	Citation Prepared (if a Thanks Certificate is required):
Proposer Notified:	State Commissioner or Chief Commissioner Notified:	