

Singapore

EVENT

DATE

9 Bishan Street 14 Singapore 579785 Tel: +65 6259 9391 Fax: +65 6259 5452 E-mail: <u>queries@girlguides.org.sg</u> Website: <u>www.girlguides.org.sg</u>

APPLICATION FORM

for OVERSEAS CAMP/SEMINAR/CONFERENCE

(ADULT LEADERS)

to

VENUE							
COUNTRY							
I.	PARTICUI	LARS OF APPLIC	CANT				
Name (as in passport)			Date of Birth		Place of Birth		
			dd/mm/yy				
Passport No:		Expiry Date	Citizenship)	Religion		
		dd/mm/yy					
NRIC No:							
Address							
	Singapore						
(Postal Code)		Tolophono (uphono (offico)		ndnhone		
Telephone (residence)		retephone (Telephone (office)		Handphone		
Email address	5	,		'			

II. GUIDING

Current Position in Guiding		Unit Distri		strict	Divis	Division	
Guiding Experience		<u> </u>					
Brownie	from		(date	to		(date)	
Guide	from		(date	<i>'</i>		(date)	
Young Adult	from		(date) to		(date)	
Others	From		(date) to		(date)	
Guiding Qualificatio		rmanent rtificate.			Licence, Tr e relevant o		
Descriptio	n	Year		Description	on	Year	
Other Qualifications Certificate)	s: (e.g. St			icence, Li			
Descriptio	Year Description				Year		
Guide Activities org	anised: (n	lease inc	lude the	relevant d	ates)		
Descriptio		Year		Description		Year	
Guide Seminars/Cor	nferences at	tended :	(please	e include th	ne relevant	dates)	
Descriptio		Year	(1)	Description		Year	
				•			
Guide Camps under	canvas: (pl	lease inc	lude the	relevant da	ates)		
Descriptio		Year		Description	•	Year	
						i	

III. PERSONAL INFORMATION

Hobbies/Interests		Membership in Other Organisation						
Present Occupation		Place of Work / School						
Special Diet (if any)								
History of Health (kindly advice of any records of problems with your health)								
In case of emergency	, person to contact	Relationship with applicant						
Telephone:	Office	Handphone	Residence					
Signature of	Applicant	Date						
In the event that the applicant is successful in this application, I shall have no objection to her participation in the above event.								
Name of Employ	/er Signa	ature of Employer Date						
Remarks by : '/ Chief Commis		ner/ International Con	nmissioner					
Name		Signature	Date					
Name		Jigilatule	Date					

^{*} Delete where applicable