



REQUEST FOR AN ASSESSMENT VISIT FOR A GOING AWAY WITH QUALIFICATION

Form must be completed as soon as you book your premises but no later than 12 wks prior to event

Name	Click here to enter text			Date	Click here to enter text
Address	Click here to enter text				
Post Code	Click here to enter text	Tel No.	Click here to enter text	Mobile	Click here to enter text
E Mail	Click here to enter text				
Unit	Click here to enter text	District	Click here to enter text	Division	Click here to enter text
Name of Mentor I am working with	Click here to enter text				

I wish to apply for assessment of the following qualification (Please mark all relevant options with **X**)

TYPE OF QUALIFICATION **Camp** **Indoor**

Modules you wish to be assessed for:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

If you are taking modules 1-4 **only** you do not need to complete this form, your mentor will visit the event

Health & Hygiene <input type="checkbox"/> Catering <input type="checkbox"/>	Guide/S S Permit <input type="checkbox"/> International <input type="checkbox"/>
SECTION RELEVANT TO:	
Rainbow <input type="checkbox"/> Guide <input type="checkbox"/>	Brownie <input type="checkbox"/> Senior Section <input type="checkbox"/>

At (venue)

Dates: From To

I understand that

- ◆ My **Residential Event Notification form** must be sent as soon as possible **before** my assessment to the relevant commissioner, **but no closer than two weeks prior to the event.**
- ◆ If completing a Health & Hygiene qualification:
 - My first aid qualification was gained on [Click here to enter text](#)
 - Awarded by [Click here to enter text](#)
- ◆ My final accounts should be with the mentor no later than six weeks from the date of the practical assessment

Authorisation

We know [click here to enter name](#) and we are content that she is ready to take this qualification

Signature of relevant Commissioner [click here to enter name](#) Date [Date here](#)

Signature of relevant Adviser [click here to enter name](#) Date [Date here](#)

Send this form to Maggie Molyneux. 42 Romsley Hill Grange, Farley Lane, Romsley, West Midlands. B62 0LN
email: residential@girlguidingworcs.org.uk

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I can confirm your GAW Practical Assessment [Date](#) at [venue](#)
Assessor [Name](#) Contact [Tel No](#)