

REQUEST FOR AN ASSESSMENT VISIT FOR A GOING AWAY WITH QUALIFICATION

Form must be completed as soon as you book your premises/site but at least <u>12 weeks</u> prior to event

If you are taking modules 1-4 **ONLY** you do not need to complete this form. Your mentor will visit this event.

Name				Memb. no.		Date	
Address					•	•	
Post Code			Tel No.			Mobile	
E-Mail						•	
Unit			District			Division	
TYPE OF QUA	y for assessmer LIFICATION I wish to be ass		ving qualificat	ion (Please ma	rk all relevant	options with)	x
!	5	6		7		8	
	g the Catering S	Scheme: Pleas	se submit mer	nus with this fo	orm.		
Section relev	ant to:		_				٦
Rainbows				Brownies			_
Guides				Rangers			
At (Venue)							
Dates:	From			То			

I understand that: **My residentialEvent Notification form** must be sent as soon as possible <u>before</u> my assessment to the relevant commissioner, at least 12 weeks prior to the event. and, **My Final Accounts** should be with the mentor no later than **SIX** weeks from the date of the practical assessment.

Authorisation

I know and I am content that she is ready to take this qualification
Signature of relevant Adviser Date

Email this form to County Residential Adviser: residential@girlguidingworcs.org.uk