

REQUEST FOR AN ASSESSMENT VISIT FOR A GOING AWAY WITH QUALIFICATION

Form must be completed as soon as you book your premises but at least $\underline{12 \text{ weeks}}$ prior to event

Name					Date	
Address						
Post Code		Tel No.			Mobile	
E-Mail						
Unit		District			Division	
I wish to app	oly for assessment of the follo	owing qualifica	ation (Please m	ark all relevar	nt options with	n X)
TYPE OF QU	ALIFICATION	Camp			Indoor	
Modules you	u wish to be assessed for:			•		
! If you are ta	1 2 5 6 king modules 1-4 only you d			,	4 8 ntor will visit	
Health & Hy	giene	4	Guide/SS Per			l
Catering			International			J
SECTION REI Rainbow Guide	LEVANT TO:	}	Brownie Senior Sectio	n		
At (Venue)						
Dates:	From		То			
I understand	My residentialEvent Notifito the relevant commission of the completing a Health & Hy	ner, at least tw ygiene qualific Jualification w	vo weekss prio ation: as gained	r to the event	t	
Authorisatio	\n					
I know	/II	and Lam con	tent that she is	ready to take	this qualifica	tion
Signature of relevant Adviser			terre triat sire is	ready to take	Date	
- 0						
	rm to Maggie Molyneux - res		-	_		
	firm your GAW Practical Asse					
Assessor	jour state i lactical Asse		Contact			

Maggie Molyneux. Worcestershire Residential Adviser

Form Updated Jan 2018