



CHIEF COMMISSIONER'S AWARD

Nomination Form

Any person may nominate an active member of Girlguiding Midlands for this Award. Please complete all fields. If completing electronically, the area will expand to accommodate text. The form may alternatively be completed in paper form; a continuation sheet may be used, if required. Only nominations on the region form will be accepted.

The award recognizes the extraordinary contribution and dedication given by a member of Girlguiding Midlands who is helping to provide quality guiding to girls and young women primarily at a unit level.

Your nominee will demonstrate one or more of the following attributes: that they are a role model, a team player, inspirational, enthusiastic, encouraging and dedicated.

Your nominee will also fulfil one or more of the categories below:

- **Providing Support to others** – this could be of their peers, of girls, mentoring others or showing support in another way
- **Growing Guiding** – enabling new units to open, helping to prevent units closing, participating in local PR initiatives
- **Inclusivity** – adapting for special needs, fundraising to enable trips and provide experiences
- **Facing Challenges** – Health issues, bereavement, work commitments, transport issues, deprivation, hold multiple roles

If your nominee has done something incredible beyond this area, please discuss this with your county chair of awards.

NOMINEE details:

Name _____

Section (Rainbow/Brownie/Guide/Rangers) **please delete sections that are not applicable**

Membership no _____ Appointment _____

Unit _____ District _____

Division _____ County _____

Q1: In what capacity do you know the nominee?

Word count max. 50

Q2: Please describe, including examples, your nominee's extraordinary contribution at a local level that has led you to submit this nomination? *Word count max. 400*

Q3: Please give any other information about this nominee's volunteering that you feel is relevant to their nomination *Word count max. 250*

This nomination is proposed by:

Name _____ Membership no (if applicable) _____

email address _____

Signed

Date

This nomination is supported by the nominee's local commissioner:

Name _____ Membership no (if applicable) _____

email address _____

Signed

Date

Please forward this form to your county awards chair/county office marked **CONFIDENTIAL**

FOR COUNTY USE:

This nomination has been recommended by the county awards committee (in the absence of a county awards committee nominations should be sent to the County Commissioner or her appointed representative)

County Awards Chair

(name)

Signed _____

Date

County Commissioner

(name)

Signed -----

Date

Once the county awards committee has signed please scan and email anne.allman@girlguiding-midlands.org.uk