

**SOMERSET NORTH COUNTY BROOCH - NOMINATION FORM**

**How to Apply**

1. An application requires FOUR letters of support, which need to describe how the nominee meets the criteria for the County Brooch. The letters need to give specific examples of what they have done to meet individual criteria.
2. The letters should be from as wide a range of people as possible within Girlguiding Somerset North, covering different aspects of the individual’s contribution and service. These must not be solely from within the nominee’s Division.
3. Proposers may find it helpful if one of them co-ordinates the application to ensure that there is not too much duplication within the letters and that evidence to show that at least four of the discretionary criteria have been met is demonstrated.
4. The application should be made without the knowledge of the person being nominated.
5. The letters, together with this completed nomination form, should be submitted to the Division Commissioner(s) who will then forward the application to the County Commissioner(s).
6. Applications will be considered by the County Awards Panel on merit and their decision will be final.
7. Advice about this process can be obtained from the Chair of the County Awards Panel or the County Commissioner(s).

**Details of Nominee**

|  |
| --- |
| **Information about the member being nominated for a Somerset North County Brooch:** |
| Member’s Name  |
| Girlguiding Membership Number |
| Current Role |
| District | Division |

Continued overleaf

|  |
| --- |
| **Information about those making the application:** |
| **1st Proposer’s Name and Membership Number:** |
| Name:  |
| Girlguiding Membership Number |
| **2nd Proposer’s Name and Membership Number:** |
| Name:  |
| Girlguiding Membership Number |
| **3rd Proposer’s Name and Membership Number:** |
| Name:  |
| Girlguiding Membership Number |
| **4th Proposer’s Name and Membership Number:** |
| Name:  |
| Girlguiding Membership Number |

**Please forward this form and letters of support to your Division/County Commissioner(s)**

|  |
| --- |
| **Division Commissioner(s)’s Support:or County Commissioner(s) if nominee has no Division role** |
| Name |
| Girlguiding Membership Number |
| Comment by Commissioner on application, to include your observations regarding the volunteer following the Code of Conduct. |
| Date |

**The completed nomination form and letters of support should then be forwarded to the County Commissioner(s) who will take it to the County Awards Panel for consideration.**

**The County Commissioner(s) or Chair of the Awards Panel will advise the proposers of the outcome of the application.**