



# Queen's Guide Award



Please complete a copy of this form and send it with a copy of your plan to the Queen's Guide Adviser at The County Office, Girlguiding Leicestershire, 97 Princess Road East, LEICESTER LE1 7DW within ONE MONTH of you starting your Award.

Your details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Girlguiding membership No: \_\_\_\_\_

Unit: \_\_\_\_\_

Division: \_\_\_\_\_

Your Mentor's Details:

Name: \_\_\_\_\_ Girlguiding Membership No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

How do you know your mentor? \_\_\_\_\_  
\_\_\_\_\_

Start date: \_\_\_\_\_

What date are you 26 years of age? \_\_\_\_\_

Planned breaks: \_\_\_\_\_ to \_\_\_\_\_

Completion date (including planned break): \_\_\_\_\_

You and your mentor will be automatically added to the mailing list of future opportunities relating to Queen's Guide Award. Please inform us if you do not want to be included in this.

Signed: Candidate: \_\_\_\_\_ Date: \_\_\_\_\_  
Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

---

Office use only. First meet up: \_\_\_\_\_  
Date form received: \_\_\_\_\_ GO checked: \_\_\_\_\_  
Date plan received: \_\_\_\_\_ Drop-in's attended: \_\_\_\_\_