## QUEEN'S SCOUT APPLICATION

Please complete all sections: Completed form to be sent to SCOUTS New Zealand Regional Service Centre.

Section A: To be comp	leted by	the app	licant.				
Surname			Firs	t Names			
Residential Address				Phone mobile			
				Personal No			
Postcode				Date of Birth			
Email							
Unit Name							
Are you working on The Youn Estimated/Completed date							
Previous Achievements / Tim							
Gold Venturer Av	ward						
Outdoors Cornerstone			Date Achieved	Personal Development	Cornerstone	Date Achieved	
Camp Craft Modules	Camp Craft Modules			Physical (20 hrs)			
Outdoor Skills Modules				Social/Life Skills Module			
Environment Modules				Personal Safety Module			
Expedition (3 Nights)				Expression Module			
				Discovery New Skill			
Community				New Experiences Cornerstone			
Helping Others (20 hrs)				Special Activity			
My Community Module				Special Event			
Emergency Plan							
Our World/Country Module				Gold A	ward Presented		
Queen's Scout A	ward						
Requirement	Choice / Activity				Date Completed		
Scout Service Project							
5 Day Residential Project							
Future Endeavours							
Queen's Scout Panel							
Qu	een's S	Scout Av	vard Approve	d			
Date sent:		Date red	ceived at Region	al Service Centre			
Approved by National Programmes Officer	Entered into Database		ase	Zone Leader Advised Badge sent			
Date	Date			Date			

July 2011 queens\_scout\_application\_form.doc





## QUEEN'S SCOUT APPLICATION

application:	scription your Scout Service Pr	oject, Residential Project and Future Endeavours to support this	
Scout Service Project:			
Residential Project:			
Euturo Endoqueuro			
Section B: To be o	ompleted by the Venturer Lead	der	
		Jei .	
		If the requirements to the best of their ability and has attained cout Award. I recommend the above Venturer for this award.	
Venturer Leader's name (	for delivery of badge)	Address:	
Signature	Data		
	Date		
Email:		Postcode:	
Phone:		Mobile:	
Section C: To be co	ompleted by the Zone or Regio	nal Venturer Leader.	
Commonts or Pomarks			
Comments of Remarks			
lame (print) Signature Date			

**NB:** After completing the above section, forward this application to the SCOUTS New Zealand Regional Office. The Regional Office will forward the application to the National Programmes Officer.

After processing of a successful application the National Programmes Officer will forward the badge to the Venturer Leader for presentation at an appropriate time. See next page for presentation of the certificate.





## QUEEN'S SCOUT APPLICATION

## **Queen's Scout and Gold Award Presentation Questionnaire** (Please complete in full. This page will be used separate from the first two pages)

Surname		First Names		
Your name as you would	like to see it on your	certificate		
Residential Address		Pho	ne night	
			mobile	
		Per	sonal No	
Postcode		Uni	t Name	
Email				
I give approval for the m	nedia (if applicable) to	be given my contact tele	phone numbers.	] Yes □ No
I wish to receive my C	ertificate at the foll	owing presentation:		
☐ Wellington	☐ Auckland	☐ Christchurch	□ Dunedin	☐ By post
My Guests details are:				
Name		Name		
Address		Address		
Postcode		Postcode .		



