

PROG 6

JUNIOR LEADER REGISTRATION



Please click the cursor inside the box and type or print clearly with a black pen

PERSONAL/GUIDING DETAILS

Given Names:		Surname:	
Address:		Email:	
State:	Postcode:		
Phone: ()	Mobile: ()		
Date of birth:	Promise date/renewal date (most recent):		
Membership No:		Expiry: / / 20	

JUNIOR LEADER INFORMATION

Starting date (as Junior Leader): / / 20	Unit with which you are working:
Unit age range:	District:
Division:	Region:

UNIT LEADER'S DETAILS (Junior Leader mentor)

Preferred Title:	Given Names:	Surname:
Address:		Email:
State:	Postcode:	
Phone (AH): ()	Mobile: ()	
I am willing to support the Junior Leader through her service.		
Signature:		Date: / / 20

CHALLENGES AVAILABLE

Do you intend to complete (circle appropriate response):								
Leadership Trefoil 3	Yes	No	Leadership Focus	Yes	No	Queen's Guide Award	Yes	No
If you intend to work on these challenges then you will need to be an active member of a peer Unit for peer assessment. A peer Unit is one with a minimum of four Guides—including you—whose ages are within four years of your own.								
Name of peer Unit:					District:			
Division:					Region:			

Completed form to be forwarded to your State Program Adviser, care of your State Guide organisation. Refer to your State Office or State Retail Shop for the purchase of your Junior Leader badge.

FOR OFFICE USE ONLY

Date Junior Leader registered:	Date Junior Leader service certificate forwarded:
State Program Adviser authorisation (signature):	Date: