

Please complete this form with as much detail as possible. The more detail, the easier it is to make an award. If you are uncertain of information, please set that out. If necessary, add additional pages if there is insufficient space on the form.

Consider if there is someone better placed than you to make the nomination and, if so, ask them to help out or submit their own nomination together with yours. Having multiple forms makes assessing the candidate easier.

This application together with all supporting documentation is to be sent to your Regional Awards Committee at the following email addresses, with a copy going to the Chair: National Adult Support at MeritAwards@scouts.org.za

Regional emails to be used for this award:

Eastern Cape North	ecn.awards@scouts.org.za	Eastern Cape South	ecs.awards@scouts.org.za
Free State	fs.awards@scouts.org.za	Gauteng	gt.awards@scouts.org.za
Kwa-Zulu Natal	kzn.awards@scouts.org.za	Limpopo	lim.awards@scouts.org.za
Mpumalanga	mp.awards@scouts.org.za	Northern Cape	nc.awards@scouts.org.za
North West	nw.awards@scouts.org.za	Western Cape	wc.awards@scouts.org.za

Please note: Proposals and recommendations must be treated as confidential as a refusal or an award of a different grade of award from the initial proposal or recommendation, can be highly embarrassing should the candidate be aware of the initial proposal or recommendation.

Details of Nominee/Candidate:

Full Names:

Length of Service with SSA:

Role in Scouting at Present:

Which Units / Districts /Regions is this person associated with?

Details of Nominator (Your Details):

Full Names:

Telephone No:

Email Address:

Details of Nominee's Next-in-Line Scouters:

Full Names:

Position(s) held in Scouting at Present:

Telephone No:

Email Address:

In the boxes below please set out full details as to why you feel that the nominee qualifies for a meritorious conduct award

1. Please describe in detail the difficulty experienced by the candidate

2. How does the candidate view their difficulty and its impact on their life in general?

3. Describe the impact of the difficulty on the individual and in particular on their ability to continue rendering service to SSA.

4. Does the candidate adhere to the 8th part of the Scout Law? (“A Scout smiles and whistles under all difficulties”). Give concrete examples of their adherence to the Scout Law in this regard.

5. Does the candidate view his or her difficulty as a handicap which makes their life difficult, or have they internalized the difficulty and view it as nothing special? Motivate your answer and consider whether the candidate would view a Meritorious Conduct Award as being insulting because they do not see their difficulty as a handicap

6. What steps has the candidate taken to overcome their difficulty and to what extent have they managed to overcome their difficulty?

In the box below please set out details of any people who you think could provide more insight into the candidate and how they have dealt with their difficulty

Full Names:

Telephone No:

Email Address:

Full Names:

Telephone No:

Email Address:

Is there any other corroborating evidence of the service, for example a newspaper article? If so, please attach a copy to this form.

If you have a copy of the nominees scouting cv, please attach this to the form, this is very helpful in assessing a candidate.

APPROVAL PROCESS:

REGIONAL AWARDS COMMITTEE: (copy to the Chair: National Adult Support)

Proposed Award:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

Signed: Chair Regional Awards Committee

Comments, giving a summary as to why this award is recommended:

Proposed Citation:

This will be printed onto the certificate and will be read out in support of the recommendation when the award is presented

Previous Awards Presented:

Name of Award	Year Presented

REGIONAL COMMISSIONER:

No Objection Objection

Comments:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Regional Commissioner

As Regional Commissioner, I am not aware of any reason whatsoever why this applicant should not be awarded this recognition. (If you are aware of any reason, please set out in the comments section above.)

NATIONAL AWARDS COMMITTEE:

Endorsed Rejected

Comments:

Final Recommendation:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Chair: National Awards Committee

CHIEF COMMISSIONER'S DECISION:

Endorsed Rejected

cc Chair: National Adult Support

Comments:

Final Recommendation:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Chief Commissioner

Returned to Chair: National Adult Support:

D	D	M	M	Y	Y	Y	Y
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Sent to National Office:

D	D	M	M	Y	Y	Y	Y
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SCOUTS SOUTH AFRICA

Award Processed:

D	D	M	M	Y	Y	Y	Y
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Uploaded to SD where applicable:

D	D	M	M	Y	Y	Y	Y
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Dispatched to Region and RC advised

D	D	M	M	Y	Y	Y	Y
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Database updated accordingly:

D	D	M	M	Y	Y	Y	Y
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