

Mark with an **X** the Role of the person for whom an Award is being applied, and the recommended years' service for the Award.

 **Member**
 **Employee**
 **5**
 **10**
 **15**
 **20**
 **30**
 **40**
 **50**
 **60**
 **70**

Details regarding applicant:

<b>Surname</b>			
<b>First Names</b>			
<b>ID No.</b>			
<b>Address</b>			
<b>Position</b>			
<b>Group</b>			
<b>District</b>		<b>Region</b>	
<b>National</b>			

**First date of registration as an Adult Member/Employee of SCOUTS South Africa**

Present Warrant / Appointment			
Warrant / Appointment Number		Expiry date	

Service claimed with the following Group(s), District(s), Region(s) or National:

	Date/Month/Year		No. of Years
	From	To	

**Total years of service:**  
**Concurrent service in two or more positions cannot be claimed**

Verified breaks in service:

	Date/Month/Year		No. of Years
	From	To	

I recommend that this member is awarded a  years' service award and I confirm that, to the best of my knowledge, the information provided, is correct and complete.

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

**Position:** (SGL for Unit Scouters, DC for SGLs, RTCs for Team Members, RC for RTCs, etc.)

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Regional use only**

Qualifying Service	Verified Period in years	Service Verified / Checked by (Name)
Adult member Group		
Adult Member District		
Adult Member Region		
Adult Member National		
Employee Region		
Employee National		
<b>Total:</b>		

**Total Service Verified by:**

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

**Signature:** \_\_\_\_\_

Dates of previous Adult Service Awards awarded to member:

Award	Date	Award	Date
5 year		10 year	
15 year		20 year	
30 year		40 year	
50 year		60 year	

The recommendation for a  years' Service Award is endorsed

I confirm that to the best of my knowledge, the information provided above is correct and complete

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Position** \_\_\_\_\_ **Name** \_\_\_\_\_  
Regional Commissioner (for Unit, District & Regional member awards)

**Date:** \_\_\_\_\_ **Signed:** \_\_\_\_\_  
**Position** \_\_\_\_\_ **Name** \_\_\_\_\_  
Chief Commissioner (for RC & National member awards)

**For SSA National Office use only**

Award recorded on database

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_

Note: If the RC or CC is not prepared to endorse the recommendation, it must be referred back to the Scouter recommending the Award to provide more details or to amend the recommendation.