

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.

This application, whether it be for a RC or CS Commendation, is to be sent to your Regional Commissioner with a copy going to the Chair: National Adult Resources [joy.hutchinson@scouts.org.za](mailto:joy.hutchinson@scouts.org.za)

The RC will forward any CS Commendations on to the Chief Scout. All commendations are sent to the National Office for processing.

**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.

**Please indicate if this nomination is for a:**

Regional Commissioner's Commendation

Chief Scout's Commendation

**INDIVIDUAL:**

**(If this nomination is for a Group of People, please leave out this section and only fill out the Group Section below)**

**Details of Nominee/Candidate:**

Full Names:

Length of Service as an Adult with SSA:

Role in Scouting at Present:

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

**GROUP:**

**(If this nomination is for an Individual, please leave out this section and only fill out the Individual Section above)**

**Details of Group being Nominated:**

Full Name:

Unit:

District:

Region:

**Details of Nominator (Your Details): (To be filled in when nominated for both)**

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 box below please set out full details of the short term-service that you feel should be recognised by a commendation. Include, where possible, details of service to the movement, public, community and that which is of national or exceptional significance. Also include dates where possible.**

**In the box below please set out details of any people who you think could provide more insight into the short-term service rendered by the candidate which you feel warrants recognition.**

**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 COMMISSIONER:**

(copy to the Chair: National Adult Resources)

Approved  Rejected

Date: 

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No: 

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\_\_\_\_\_  
Signed: Regional Commissioner

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

**CHIEF SCOUT:**

(copy to the Chair: National Adult Resources)

Approved  Rejected

Date: 

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No: 

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Signed: Chief Scout

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

**CHAIR: NATIONAL ADULT RESOURCES:**

Returned to Chair: National Adult Resources: 

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Sent to National Office: 

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**SCOUTS SOUTH AFRICA**

Award Processed: 

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Uploaded to SD where applicable: 

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Dispatched to Region and RC advised 

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Database updated accordingly: 

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