



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 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 Resources at joy.hutchinson@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 Individual or Group 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?

Details of Nominator (Your Details):

Full Names:

Telephone No:

Email Address:

Details of SSA Person / Unit / District / Region That Service Was Rendered To (In The Case Of Service Not Being Rendered To An Individual, Put In The Details Of The Person In Charge Of The Unit / District / Region That Service Was Rendered To.

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. Include dates where possible showing the length of service rendered.

In the box below please set out details of any people who you think could provide more insight into the candidate and the sort of service that they render. In particular, please set out anyone who knew the candidate and their contribution to scouting before you met them.

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: and a copy to the Chair: National Adult Resources

Proposed Award:

Date:

Name:

Contact No:

Signed: Chair Regional Awards Committee

Comments:

REGIONAL COMMISSIONER

No Objection

Objection

Comments:

Date:

Name:

Contact No:

Signed: Regional Commissioner

NATIONAL AWARDS COMMITTEE:

Endorsed

Rejected

Comments:

Final Recommendation:

Date:

Name:

Contact No:

Signed: Chair: National Awards Committee

CEO and CHIEF COMMISSIONER'S DECISION & cc Chair National Adult Resources

Endorsed

Rejected

Comments:

Final Recommendation:

Date:

Name:

Contact No:

Signed: Chief Commissioner

Date returned to Chair: National Adult Resources

Date:

Date sent to National Office

Date:

SCOUTS SOUTH AFRICA

Award Processed

Date:

Award uploaded to SD where applicable

Date:

Award dispatched to Region and RC advised

Date:

Database updated accordingly

Date: