

**WAGGGS Medal of Service Application Form**

All applications must be made in strict confidence **without the knowledge** of the nominee.

|  |  |
| --- | --- |
| Name of nominee |  |
| Their Member Organisation (if applicable)[[1]](#footnote-1) |  |
| Their current position (if held) in WAGGGS |  |
| Their previous appointments (if relevant) in WAGGGS |  |
| Reason for recommendation *(500 words maximum)* |  |

**Personal details of the person making the recommendation:**

|  |  |
| --- | --- |
| Name  |  |
| Member Organisation  |  |
| Role |  |
| Signature |  |
| Date |  |

**This completed form should be sent to** **governance@wagggs.org** **by 28 February 2020.**

1. *Nominees are not required to be members of WAGGGS* [↑](#footnote-ref-1)