



MERCIA STAR

CRITERIA

This award may be given to any member of Girlguiding West Mercia aged 5 years up to their 26th birthday, who has displayed great courage or fortitude or who without risk to her own life, has shown great initiative or responsibility at an incident.

FOR GREAT COURAGE/ENDURANCE/ DETERMINATION /RESILIENCE

An application form should be obtained from Awards Committee or the Girlguiding West Mercia website and completed with details of nominee. It must be signed by the appropriate Leader/Commissioners /Advisers

There should be accompanying letters of support from

- the Unit Leaders/Commissioners
- Other Guiding personnel
- Any others if appropriate

A maximum of 4 letters of support should be sent and should contain reference to the nominee's:

- Length of time as a member of Girlguiding
- Achievements within Guiding
- Participation in Unit activities
- Her influence within the Unit
- Her attitude towards life in general
- Her planned future in Guiding
- Details of the illness or disability (however confidentiality must be respected- medical evidence must only pass between the County Adviser for Disabilities and the nominee's doctor)
- Any special "spark" or achievement etc.

FOR INITIATIVE OR RESPONSIBILITY AT AN INCIDENT

AS ABOVE BUT WITH THE FOLLOWING ADDITIONAL CRITERIA

- The application must be received by the Awards Committee within six months of the incident having taken place.
- Written evidence should be obtained from eye-witnesses and if appropriate, members of the emergency services.
- The letters of support should contain as much information as possible about the incident.



APPLICATION Mercia Star

[Meritorious conduct award]

COMPLETE IN BLOCK CAPITALS. DELETE STARRED* ITEMS AS APPROPRIATE

ALL applications must be made **WITHOUT** the knowledge of the Nominee or her relatives. The Nominee must be under the age of 26 and **MUST** have been a full member of Girlguiding West Mercia within 6 months of this application form being received by the Awards Committee. They should have made their Promise.

IF MEDICAL SUPPORT IS REQUIRED, THIS SHOULD BE DEALT WITH VIA THE COUNTY ADVISER FOR MEMBERS WITH DISABILITIES.

NOMINEE DETAILS

Surname _____

First Name _____

*Miss/Mrs/Ms/other _____

Address _____

Postcode _____

Telephone _____

Date of Birth _____

Girl's registration number _____

SECTION [Rainbow/Brownie/Guide/Senior Section]

Unit _____

District _____

Division _____

*Leader's/ Commissioner's details

Surname _____

First name[s] _____

*Miss/Mrs/Ms/other _____

Address _____

Postcode _____

Telephone number _____

Email _____

Signed _____

Nominee's Leader/Commissioner

Date _____

This Application is recommended

Signed _____

District Commissioner

Signed _____

Division Commissioner

Additional supporting signature for a member with disability

Signed _____

County Adviser for Members with Disabilities

If appropriate, supply details of Nominee's doctor or Consultant for the Medical Adviser to contact

Doctor's name _____

Practice/Hospital _____

Address _____

Postcode _____



Continuation Sheet

[COMPLETE IN BALL-POINT PEN, DELETE STARRED* ITEMS AS APPROPRIATE]

*LEADER’S/COMMISSIONER’S REPORT [CONTINUE ON FURTHER SHEET IF NECESSARY]

HOW LONG HAVE YOU KNOWN THE NOMINEE AND IN WHAT CAPACITY

PLEASE DESCRIBE THEIR PERSONAL ATTRIBUTES AND WHAT MAKES THEM SPECIAL

PLEASE GIVE DETAILS OF THE ACT FOR WHICH YOU ARE NOMINATING THEM

ANY OTHER INFORMATION

Signed _____ Date _____

The completed form, any continuation sheet and all letters of support should be forwarded to Chairman of the Awards Committee:

Girlguiding West Mercia
Mercia Point
Hordern Road
Wolverhampton
WV6 0HT

Telephone 01902 758246

Email awards@girlguiding-westmercia.org.uk