**Project Concept Form**

**Girlguiding Gloucestershire**

**[Replace with Project Name Here]**

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| --- | --- |
| Coordinator's Name, Role & Relevant Qualification(s) |  |
| Project Title |  |
| WHO will help you deliver this project? |  |
| WHAT is the project? |  |
| WHO is it aimed at? |  |
| WHEN will it take place? |  |
| WHERE will it take place? |  |
| HOW will it happen – what do you need?(eg self-funded or funds needed from County; Task and Finish Group needed; Venue required; Volunteers required; Specialist support required?) |  |
| TIMESCALES (eg proposed to County, advertising/ launching the event, bookings, etc) |  |
| INSURANCE Is the event covered by Girlguiding insurance? Is there any other insurance required for this event? |  |
| Signature and Date of Proposer |  |