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##### **INT**ERNATIONAL **OP**PORTUNITIE**S** (INTOPS)

## Adult leader application form 2024

SELECTION discussion to be arranged

*Please complete electronically*

Please add as much detail as possible to help with the selection process. To form a balanced leadership team we will look at skills and experiences. A recommendation is required from one of the following depending on the role you hold: district/division/county commissioner.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal details:**  Name: Preferred name: | | | |
| Girlguiding membership number. | | | |
| Full address with postcode: | | | |
| Contact phone number: | | | |
| Email: | | | |
| **Your Girlguiding history** | | | |
| Your current role/s in Girlguiding: | | | |
| Your unit(s):  District: Division: | | | |
| Have you completed the adult leadership qualification/leader development programme? | | | |
| Do you hold any going away with modules? If so, which modules? | | | |
| **List your Girlguiding residential experiences** | | | |
| *Camp experience (in tent)* | | *Residential holiday experience (indoor)* | |
| **List your other key Girlguiding experiences over the last 5 years** | | | |
| **What was the event** | **In what capacity? – led/ planned/attended** | | **At what level? Unit/district/other** |
|  |  | |  |
| **Your key qualifications and skills helpful to joining a county team, e.g. managing a budget, walking qualification etc.** | | | |
| **What are the key skills you want to gain from being part of an international adventure?** | | | |
| **Tell us about any international experience you have had as a member of Girlguiding and the role you took**  e.g. UK international camp, unit/district trip (e.g PGL, Venture Abroad to Paris), service project, ICE | | | |
| **Please list any international experiences you have had outside Girlguiding** | | | |
| **Interests/hobbies outside Girlguiding including qualifications and experience that could be helpful to joining a county team** | | | |
| **Why would you like to experience an international opportunity with Girlguiding?** | | | |
| **Do you have any religious, health, mobility, dietary or sensory needs of which we should be aware?** | | | |
| What to do next | | | |
| Depending on your role, send your application form to your district/ division/ county commissioner to complete a recommendation. This should not be a family member. The form will then be submitted to the INTOPS email address.  1. Read the INTOPS guidance to understand what you are applying for. 2. You can ask for a Zoom call at any time with Frances Beavis, INTOPS advisor, to ask any questions, or email [intops@girlguidingglos.org.uk](mailto:intops@girlguidingglos.org.uk) | | | |

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| **Declaration by applicant**   * I understand that I will be responsible for fundraising the cost of a trip. * I understand this is a selection process and a place is not guaranteed. * I have read the guidance and understand what INTOPS is, and would like to be considered for selection which may include one or more of the following:  1. A Gloucestershire trip to a UK international event where the UK is the host nation. 2. A Gloucestershire trip to travel abroad to attend an event in Europe.   Applicant name…………………………………………………………………… Date ……………………. |

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**Recommendation form for adult leader INTERNATIONAL OPPORTUNITIES selection**

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Referee Name** |  |
| Contact number |  |
| Email address |  |

|  |
| --- |
| How long have you known the applicant and in what capacity?  What makes them a good candidate for joining a county leadership team to attend an international event home or abroad?  What is it about their skills and personality that will help them be part of a county team to represent Gloucestershire?  What is their level of participation and commitment to Girlguiding that indicates they will commit to being an active INTOPS team member?  What support will they require to attend selection or travel with a team?  Is there anything else the selection team or other leaders need to be aware of?  Signature of Leader\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### What to do next: please return this application form to [intops@girlguidingglos.org.uk](mailto:intops@girlguidingglos.org.uk)