

Before completing this form, please read the "Action team information and requirement sheet"

**TOPAZ -Trefoil Overseas partnership: Adventure with Zest!
Action Team application form**

Full Name: _____ Date of Birth: _____
Address: _____

Email _____ Phone: _____ Mobile: _____
Trefoil Country/Region: _____ County: _____
How long have you been a member of the Trefoil Guild? _____ Have you held, or do you hold, an office in your Guild, County or Country/Region? If so, what?

Occupation: _____
If retired, occupation before retirement: _____
Do you have a medical condition that might require special insurance? _____
Nationality: _____

What do you enjoy most about your membership of the Trefoil Guild?

If you could change one thing about the Trefoil Guild what would it be and why?

Have you been a member of Girlguiding?
If so, please give us some details of your experiences and qualifications.

Why have you applied for a place on the TOPAZ project?

What would you contribute to the project action team?

Why should we select you for a place in the team?

If I am selected for the TOPAZ action team, I undertake to complete the required training, to do any work that is allocated to me by the deadline, to be decided by the team, and to complete payment by the required date.

Signed _____ Date _____

Please send the completed form, either by mail or electronically, to your Country/Region Chair for counter signature, by 30th June 2017. at the latest.

Signed _____ Date _____

Country/Region _____

For Countries and Regions. Please send completed, countersigned forms to trefoilguild@girlguiding.org.uk or The Trefoil Guild. 17-19 Buckingham Palace Road London SW1W 0PT