|  |  |  |
| --- | --- | --- |
| **Select one** | | |
|  | Winter/Spring | Jan 2 to May 1, 2021 /Deadline Jul 31, 2020 |
|  | Summer | May 25 to Sept 5, 2021 / Deadline Dec 15, 2020 |
|  | Autumn | Sep 25 to Nov 30 2021 / Deadline Feb 28, 2021 |
|  | Winter/Spring | Jan 2 to May 1, 2022 / Deadline Jun 30, 2021 |
|  | Summer | May 25 to Sept 5, 2022 / Deadline Dec 15, 2021 |
|  | Autumn | Sep 25 to Nov 30 2022 / Deadline Feb 28, 2022 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal information** | | | | | | | | |
| Full name: | |  | | | | | | |
| Preferred name: | |  | | | | | | |
| Gender:: | |  | | | | | | |
| Passport/Travel document number: | | |  | | | | | |
| Nationality: | |  | | | | | | |
| Other held nationality: | |  | | | | | | |
| Date of Birth: | |  | | | | Age: |  | |
| Address: | |  | | | | | | |
| Country of Residence: | |  | | | | | | |
| Telephone No: | |  | | | | Mobile No: | |  |
| Skype ID: |  | | | Email: |  | | | |

|  |
| --- |
| **Health** |

Do you suffer from any conditions or illnesses that would restrict your participation an event participant? Do you have an old injury that we need to be aware of?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If so please give specific details here

Do you suffer or have you ever suffered from any of the following conditions?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Asthma |  | Wheezing |  | Hay fever |
|  | Chest pains |  | Heart conditions |  | Epilepsy |
|  | Fainting |  | Migraines |  | Severe menstrual pain |
|  | Hearing Impairment |  | Speech Impairment |  | Eyesight impairment |
|  | Diabetes |  | Depression |  | Anxiety |

Do you suffer from any other physical or emotional condition that would prevent you from participating fully? (If so please give specific details):

Do you have any allergies such as drugs, food, insects etc.? If so, please provide a list giving  
type of reaction and the type of treatment required.

Have you had any medical treatment or had major surgery in the past 2 years? (If so please give specific details)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Note: If you are selected as an event participant, you will be required to have your own personal health and travel insurance for the duration of your trip/time at Our Cabana.

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| **Girl Guiding/Girl Scouting experience** |

Note: World Centres can receive up to 50+ applications for each position. When filling out

the application form, please keep this in mind and give one-paragraph answer for each question

(approximately 3 sentences in total). If shortlisted, you will be given the chance to speak

about your application through a Skype interview.

Name of Member Organization:

Current position in your Member Organization:

Are you an active member?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Have you volunteered, worked or attended an event/programme at another World Centre

before? (If so, please specify world centre, date and event)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

What is your understanding of the mission and vision of WAGGGS?

Briefly describe you Girl Guiding/Girl Scouting Experience:

|  |
| --- |
| **Other relevant experience** |

Please give a brief description of your experience in the following fields:

-International or Cross-Cultural Experience:

-Education/Training Received:

-Work/ Professional Experience:

-Team Work:

-Guest/ Customer Service/Hospitality Experience:

-Fitness Level and any Relevant Qualifications:

-Multi Media and Information Technology Experience:

|  |
| --- |
| **Personal statement** |

-Briefly describe yourself as a person:

-Describe your leaderships and social skills:

-What did motivate you to apply for this/these position/s?:

-What do you expect/hope to learn and achieve through this Programme?

-How do you plan to share your experience in your Member Organization?

-How do you plan to fund your time as an event participant?

|  |
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| **Languages** |

Please list all languages you speak and your ability level\*, including your native language:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Beginner | Low  Intermediate | High  Intermediate | Advanced | Superior |
| Spanish |  |  |  |  |  |
| English |  |  |  |  |  |
| French |  |  |  |  |  |
| Others: |  |  |  |  |  |

Ability Levels\*

* Native – First language
* Beginning – able to use some memorized phrases and words
* Low Intermediate – able to have basic conversations, such as introducing oneself, asking for directions, ordering food in a restaurant
* High Intermediate –able to complete many daily tasks, such as making announcements, leading tours, and giving instructions for an activity
* Advanced – able to discuss a wide range of concrete and abstract topics
* Superior – able to facilitate discussions and speak, read, and write with almost native level accuracy

|  |
| --- |
| **References** |

Please list two people that can be contacted as your referees. One should be a Girl Guiding/Girl

Scouting person and one other that is not your family. These people may be contacted to provide a reference for you.

Name

Address

Phone Number Relationship

Email Address

Name

Address

Phone Number Relationship

Email Address

|  |
| --- |
| **Police record check** |

Have you had a police records check in your country?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Answering no to this question will not exclude you from being selected but we will rely on the sign

off from your international commissioner below to fulfill this criterion.

If you answer yes, please supply evidence such as a certificate.

|  |
| --- |
| **International Commissioner approval** |

This application is an accurate representation of:

Who belongs to:

I believe the applicant has the necessary clearance within her home country to work with children

and young people. I endorse the applicant to represent our Member Organisation through this experience. We agree to support the applicant on their return to spread international friendship and share their World Centre experience.

Name of International Commissioner:

Phone Number: Mobile:

Email Address:

Date:

\*Signature of International Commissioner:

(Insert digital signature clicking on the blue area and insert a jpg image with your sign or sign and scan)

|  |
| --- |
| **Applicants signature** |

This application is a true and honest representation of myself and my experience. I agree that World Centre teams may verify this information at their discretion and consult my national Girl Guiding/Girl Scouting organization if appropriate.

(Insert digital signature clicking on the blue area and insert a jpg image with your sign or sign and scan)

Date

**Return Form To**

ourcabana@guiasdemexico.org.mx

directora\_nc@guiasdemexico.org.mx

**Note: Scholarships are provided by way of refund and are payable once the participant arrives at the World Centre and not before.**