

**Girlguiding Hertfordshire**

**Unit Registration Form**

**Request to open a new unit, reopen a closed unit,**

**amend unit name or section**

Please complete this form and email or post to Sheila Hill

[membership@girlguidinghertfordshire.org.uk](mailto:membership@girlguidinghertfordshire.org.uk); 16 Meadow Close, Tring, Herts. HP23 5BT

The form is to be signed by **both** district and division commissioners

If unit leader is also district commissioner, then only division commissioner need sign

**Do not open a unit bank account until the unit title is approved by county**

**as it must comply with Girlguiding rules**

**Section** Rainbow Brownie Guide Ranger (please indicate which section/s)

**Title of unit** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous title of unit(s) (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Division** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is unit to be sponsored?** Yes No (please indicate)

Proposed date of first unit meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed unit capacity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency (weekly, fortnightly, school holidays, ad hoc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day of week and meeting time (start and finish times) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and postcode of unit meeting place (postcode required to ensure unit appears on Join Us map)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of unit leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of main contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(may be the same as unit leader)

Other volunteers:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by unit leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by district commissioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AND signed by division commissioner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO membership number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Do not complete this section***Unit information updated on GO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GO level number \_\_\_\_\_\_\_\_\_\_\_\_\_\_County new unit grant form email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete this section only if unit is to be sponsored**

Sponsoring body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Religious body please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the unit admit members who do not belong to the sponsoring body YES / NO

Is the leader’s appointment recommended by the sponsoring body YES / NO

I the undersigned agree that the sponsoring body will abide by the rules of The Guide Association (Girlguiding) in the running of this unit and accept the authority of the Association’s representatives

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position within sponsoring body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by representative of sponsoring body \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_