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Description generated with very high confidence**

**Girlguiding Anglia Buddy Award**

**Individual**

Within Girlguiding Anglia, we would like to recognise the sometimes unnoticed work of girls and young women who act as Buddies within units and at events. Their work enables our members with additional needs to experience the amazing opportunities offered within Guiding.

To nominate someone for the Girlguiding Anglia Buddy Award they need to meet the following criteria:

* Be aged 18 and under and a member of Girlguiding Anglia.
* Have worked as a Buddy to support a member or members with additional needs for at least 25 hours. This must usually be on at least three separate occasions.

The nomination should be made by a Unit Leader and, where possible, supported in some way by the young member(s) or their representative e.g. parent of member being supported.

The award is a metal badge (pictured) and this should be presented along with the personalised certificate (provided by Region) at an appropriate occasion, to show the importance of the work carried out by the recipient.

A metal badge will also be given to the young member being supported by the Buddy.

If you would like someone to be considered for this award, please complete the attached form and return it to Girlguiding Anglia either by email (please password protect sensitive information): [awards@girlguiding-anglia.org.uk](mailto:awards@girlguiding-anglia.org.uk) or by post: Paula Skelton, Girlguiding Anglia Office, 7 Great Hautbois Road, Coltishall, Norwich, Norfolk NR12 7JN

Please note that all correspondence should be marked ‘Private and Confidential’ on the outside of the envelope.

Once received, the nomination will be put forward to the Anglia Region Awards Committee.

Buddy Awards are also available for units with the nomination form available from our website [girlguiding-anglia.org.uk/awards-recognition](https://www.girlguiding-anglia.org.uk/awards-recognition).

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**Girlguiding Anglia Buddy Award - Individual**

**Nomination Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit Leader Name: | | |  | | | | | | |
| Unit Leader Membership Number: | | |  | | | | | | |
| Unit Leader Email Address: | | |  | | | | | | |
| Unit Name: |  | | | County: | |  | | | |
|  | | | | | | | | | |
| Name of Nominee: | |  | | | | | Age of Nominee: | |  |
| Membership Number of Nominee: | | |  | | | | | | |
| Name of person being buddied: | | |  | | | | | | |
| In reference to the criteria for the award please describe the length and type of support given: | | | | | | | | | |
| Please add any comments, if possible from young people, which would support its approval. | | | | | | | | | |
| If your nomination is successful please provide the wording you would like on the certificate (max 20 words): | | | | | | | | | |
| Signed:  (Unit Leader) |  | | | | Dated: | | |  | |

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| Date received | County informed | Date agreed | Awards Committee ID |
|  |  |  |  |

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**Girlguiding Anglia Buddy Award**

**Unit**

Within Girlguiding Anglia, we would like to recognise the units which contain girls and young women who regularly help and support members with additional needs in those units each week during their meetings.

Their support enables our members with additional needs to experience the amazing opportunities offered within Guiding and be included in unit activities.

To nominate a unit for the Girlguiding Anglia Buddy Award they need to meet the following criteria:

* The unit must be within Girlguiding Anglia.
* Recipients are 18 and under.
* The unit must have supported a member or members with additional needs for at least 25 hours. This must be on at least three separate occasions.

The nomination should be made by a local commissioner/unit leader.

The award is a cloth badge for each member of the unit and this should be presented along with the personalised certificate (provided by Region) at an appropriate occasion, to show the importance of the work carried out by the unit.

If you would like a unit to be considered for this award, please complete the attached form and return it to Girlguiding Anglia either by email (please password protect sensitive information): [awards@girlguiding-anglia.org.uk](mailto:awards@girlguiding-anglia.org.uk) or by post: Paula Skelton, Girlguiding Anglia Office, 7 Great Hautbois Road, Coltishall, Norwich, Norfolk NR12 7JN

Please note that all correspondence should be marked ‘Private and Confidential’ on the outside of the envelope.

Once received, the nomination will be put forward to the Anglia Region Awards Committee.

Buddy Awards are also available for individuals with the nomination form available from our website [girlguiding-anglia.org.uk/awards-recognition](https://www.girlguiding-anglia.org.uk/awards-recognition).

Chief Commissioner: Tracy Foster Anglia Region Office

7 Great Hautbois Road

Girlguiding Anglia is an operating name of The Guide Association Anglia Region. Coltishall, NORWICH  
 Registered Charity No. 278508. NR12 7JN  
 T: 01603 737 357   
 Counties: Bedfordshire, Buckinghamshire, Cambridgeshire East and West, Essex North East, E: angliahq@girlguiding-anglia.org.uk

South East and West, Hertfordshire, Lincolnshire South, Norfolk, Oxfordshire and Suffolk. W: www.girlguiding-anglia.org.uk

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Description generated with very high confidence**Girlguiding Anglia Buddy Award - Unit**

**Nomination Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Person supporting nomination  (Division/District/County Commissioner or Chair of County Awards Committee) | | Name:  Membership number:  Contact email/phone: | | | |
|  | |  | | | |
| Unit being nominated: | |  | | | |
| Number of unit members to receive award: | | | |  | |
| Unit Leader Name: | |  | | | |
| Unit Leader Membership Number: | |  | | | |
| In reference to the criteria for the award please describe the length and type of support given: | | | | | |
| Please add any comments, if possible from young people, which would support its approval. | | | | | |
| If your nomination is successful please provide the wording you would like on the units certificate (max 20 words): | | | | | |
| Signed:  (Commissioner/Unit Leader) |  | | Dated: | |  |

**For Office Use**

|  |  |  |  |
| --- | --- | --- | --- |
| Date received | County informed | Date agreed | Awards Committee ID |
|  |  |  |  |