

CLG 2017 - Registration Form

Asia Pacific Region Conference for Leaders of Girls 2017

"Asia Pacific – Learn, Lead, Inspire!"

27th November – 2nd December 2017

Cebu, Philippines

Asia Pacific Region is delighted to invite Member Organisations to take part in the Asia Pacific Region Conference for Leaders of Girls 2017: Learn, Lead, Inspire!

This form needs to be completed online by each confirmed and reserved participant by September 30th, 2017.

*Required

PROFILE OF PARTICIPANT

Family Name *

Please enter your family name as it appears on your passport

Your answer

First Name *

Please enter your first name as it appears on your passport

Your answer

Preferred name on name tag *

Your answer

Member Organization *

- Australia: Girl Guides Australia
- Bangladesh: Bangladesh Girl Guides Association
- Brunei Darussalam: Girl Guides Association of Brunei Darussalam

- ☐
- Cambodia: Girl Guides Association of Cambodia
 - Cook Islands: Girl Guides Association Cook Islands
 - Fiji: Fiji Girl Guides Association
 - Hong Kong: Hong Kong Girl Guides Association
 - India: Bharat Scouts and Guides
 - Japan: Girl Scouts of Japan
 - Kiribati: Kiribati Girl Guides Association
 - Korea: Girl Scouts of Korea
 - Malaysia: Girl Guides Association Malaysia
 - Maldives: Maldives Girl Guides Association
 - Mongolia: Girl Scout Association of Mongolia
 - Myanmar: Myanmar Girl Guides
 - Nepal: Nepal Scouts
 - New Zealand: GirlGuiding New Zealand
 - Pakistan: Pakistan Girl Guides Association
 - Papua New Guinea: Girl Guides Association of Papua New Guinea
 - Philippines: Girl Scouts of the Philippines
 - Singapore: Girl Guides Singapore
 - Solomon Islands: Solomon Islands Girl Guides Association
 - Sri Lanka: Sri Lanka Girl Guides Association
 - Taiwan: Girl Scouts of Taiwan
 - Thailand: Girl Guides (Girl Scouts) Association of Thailand
 - Tonga: Girl Guides Association of the Kingdom of Tonga
 - APR: Planning Committee

Other: _____

Country *

Please select the country that you are based in

Australia

Bangladesh

- Brunei Darussalam
- Cambodia
- Cook Islands
- Fiji
- Hong Kong,China
- India
- Japan
- Kiribati
- Korea (South)
- Malaysia
- Maldives
- Mongolia
- Myanmar
- Nepal
- New Zealand
- Pakistan
- Papua New Guinea
- Philippines
- Singapore
- Solomon Islands
- Sri Lanka
- Taiwan
- Thailand
- Tonga
- United Kingdom

Other: _____

Capacity of registration *

Please select the appropriate category that you are registering for

Confirmed participant

Reserved participant

Planning committee

Date of Birth *

Please select your date of birth

Date

dd/mm/yyyy

Place of Birth *

Please enter your place of birth (for visa application)

Your answer

Home Address *

Please state your full address including postcode

Your answer

E-mail address *

Please enter your e-mail address

Your answer

Telephone (Mobile) *

Please include country code for telephone number without "+" or "00"

Your answer

Telephone (Home)

Please include country code for telephone number without "+" or "00"

Your answer

Telephone (Office)

Please include country code for telephone number without "+" or "00"

Your answer

Fax Number

Please include country code for telephone number without "+" or "00"

Your answer

Occupation *

Please enter your occupation

Your answer

GIRL GUIDING/GIRL SCOUTING PROFILE**List your current position(s) in your Member Organization ***

Your answer

Age of youngest girl member in your Unit/Troop *

Age of youngest girl member in your Unit/Troop

Please put in numeric format e.g. 10, age of girl member should be 30 years and below

Your answer

Age of oldest girl member in your Unit/Troop *

Please put in numeric format e.g. 10, age of girl member should be 30 years and below

Your answer

Number of members in your Unit/Troop *

Please state the number of girl members in your Unit/Troop

Your answer

Years of experience as a Unit/Troop leader *

Please state how many years have you been a Unit/Troop leader

Your answer

Girl Guiding/Girl Scouting leader qualifications *

Please state your Girl Guiding/Girl Scouting leader qualifications achieved and year. E.g. Basic Leader Qualification (2000), Advanced Leader Qualification (2004), etc

Your answer

PASSPORT DETAILS**Passport Number ***

Your answer

Passport - Place of Issue *

Passport - Date of Issue

Your answer

Passport - Date of Issue *

Date

dd/mm/yyyy**Passport - Date of Expiry ***

Date

dd/mm/yyyy**Nationality ***

Your answer

Do you need to pre-apply visa to enter Philippines? * Yes No**Do you need a visa support letter from Girl Scouts of Philippines? *** Yes No**Estimated date of arrival in Philippines ***

Date

dd/mm/yyyy

Estimated date of departure from Philippines *

Date

dd/mm/yyyy

Address of the Embassy/Consulate of Philippines in your country of residence

Please provide the address if you need a visa support letter

Your answer

PERSONAL REQUIREMENTS

Dietary requirements *

Please state your dietary requirements. For others, please specify any requirements including allergies to food

- No specific requirements
- Full vegetarian (no eggs and dairy products)
- Vegetarian with dairy products (no eggs)
- Vegetarian with eggs and dairy products
- Gluten-free
- Halal
- Other: _____

Medical allergies

Please state your allergies to medication, if any

Your answer

Will you be on any medication during the event, if yes, please specify

Your answer

Special needs/access, if any

Your answer

EMERGENCY CONTACT

Emergency contact name *

Your answer

Emergency contact relationship with you *

Your answer

Emergency contact - e-mail address *

Your answer

Emergency contact - mobile phone number *

Please include country code for telephone number without "+" or "00"

Your answer

Emergency contact - other phone number

Please include country code for telephone number without "+" or "00"

Your answer

HOME HOSPITALITY

Dates that you require home hospitality

Please select the dates you require home hospitality. Note that home hospitality is only offered on the dates below. Participants can only choose to participate in either pre-conference or post-conference home hospitality. Depending on the situation, participants might be required to bear some costs e.g. transport to the location of home hospitality, costs for visiting tourist spots, etc.

25 Nov 2017

26 Nov 2017

3 Dec 2017

4 Dec 2017

If you would like to participate in home hospitality together with a friend, please specify the name of your friend and her Member Organization

Please note that the organizer will try their best to match your preference

Your answer

EVENT T-SHIRT

T-shirt Size *

Please choose your t-shirt size for the t-shirt included in the registration package

Size 8 (Bust 46cm, SP length 62cm)

Size 10 (Bust 48.5cm, SP length 64cm)

- Size 12 (Bust 51cm, SP length 66cm)
- Size 14 (Bust 53.5cm, SP length 68cm)
- Size 16 (Bust 56cm, SP length 70cm)
- Size 18 (Bust 58.5cm, SP length 72cm)
- Size 20 (Bust 61cm, SP length 73cm)
- Size 22 (Bust 63.5cm, SP length 74cm)
- Size 24 (Bust 66cm, SP length 75cm)

Size 8

Please state the quantity of this size that you wish to order

Your answer

Size 10

Please state the quantity of this size that you wish to order

Your answer

Size 12

Please state the quantity of this size that you wish to order

Your answer

Size 14

Please state the quantity of this size that you wish to order

Your answer

Size 16

Please state the quantity of this size that you wish to order

Your answer



Size 18

Please state the quantity of this size that you wish to order

Your answer

Size 20

Please state the quantity of this size that you wish to order

Your answer

Size 22

Please state the quantity of this size that you wish to order

Your answer

Size 24

Please state the quantity of this size that you wish to order

Your answer

Total additional t-shirts ordered *

Please state "0" if you did not order additional t-shirts

Your answer

ENDORSEMENT OF MEMBER ORGANIZATION

Authorization Code *

Each Member Organization has been given an Authorization Code. If you are not sure of the Authorization Code, please contact Alice at Alice.Waweru@wagggsworld.org

Your answer

Name of endorsing officer from MO *

Your answer

Position of Endorsing officer from MO *

Your answer

Name of person completing the form *

Your answer

Position of person completing the form *

Your answer

E-mail address of person completing the form *

Your answer
