



MENTOR REQUEST FORM

for Leaders in Training and Young Leaders - LQ

To help the Area Leadership Co-ordinators link new Leaders with a Mentor, the District Commissioner should complete this form with the new Leader and send it to the County Leadership Co-ordinator. The form will be forwarded to the appropriate Area Leadership Co-ordinator, after any recruitment checks that are required have been carried out..

This form should also be used for Qualified Leaders requiring to undertake additional Modules of the Leadership Qualification or for those Helpers, who now wish to become Leaders, for whom satisfactory recruitment checks have been done previously. The completed form should also be sent to the County Leadership Co-ordinator. This procedure will ensure that the most suitable Mentor can be allocated, so that the Leader gets the best possible support available.

Please click where you need to put information and type

Name (please print) Miss/Mrs/Ms _____ Reg No (if known): _____

DOB: _____ Tel No (Day): _____ Tel No (Eve): _____

Mobile No: _____ Email address: _____

Address _____ Postcode _____

Section _____ Unit _____ District _____

Unit meeting place _____ Meeting day & time _____

Transport details (please tick) Drive own car ☐ Have access to car ☐
Near public transport ☐ Have difficulty finding transport ☐

Please indicate the days and times when you may be available to meet/speak with your Mentor

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am/pm/ve	am/pm/ve	am/pm/ve	am/pm/ve	am/pm/ve	am/pm/ve	am/pm/ve

Please indicate the earliest/latest time in the day you may be contacted - after _____ before _____

Leadership category

Please tick the appropriate boxes to indicate the Leadership Qualification needed

New Unit Leader in Charge ☐ New Assistant Leader ☐ Qualified Leader changing/adding section ☐
Qualified Leader becoming Unit Leader in Charge ☐ YL starting Adult Leadership Qualification ☐
Qualified Leader returning after a break of 3 years or more ☐ As a YL, worked on the YL Qualification ☐
(needs to review LQ Modules & attend trainings as a refresher)

Modules required

Module 1 ☐ Module 2 ☐ Module 3 ☐ Module 4 ☐

Previous Guiding Experience _____

Skills/Hobbies/Interests _____

Unit Leader's name (please print) _____ Tel No _____

Address _____ Post code _____

Unit Leader's email address _____

Applicant's signature _____ Commissioner's signature _____ Date _____