



Savannah Guide Member Application

Name: _____ Application Date: ____/____/____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Phone 1: (_____) _____ Mobile: _____

E-mail: _____

Applicants must be proposed and seconded by a Savannah Guides Member:

Proposer Name: _____ Signature: _____

Secunder Name: _____ Signature: _____

What is the name of the enterprise and location where you are currently guiding?

What kind of interpretive activities do you conduct?

Please attach your enterprise brochure and indicate which tour/s you conduct.

Have you attended a Savannah Guides School? Yes No

When: _____ Where: _____

When: _____ Where: _____

Please attach copies of the following:

- a) A current Senior First Aid certificate (normally valid for three years)
- b) A current Cardio-Pulmonary Resuscitation (CPR) certificate (normally valid for one year)
- c) Any other licences and accreditations necessary for you to lawfully conduct your interpretive activity, e.g. MR Licence, Driver's Authorisation, Coxswain's Certificate, etc.

Do you possess relevant formal qualifications (eg Certificate III in Tour Guiding, college or university)?

Qualification: _____ Institution: _____ Year: _____

Qualification: _____ Institution: _____ Year: _____

Do you have other life skills or experience related to environment, culture or guiding?

A Peer Assessment will be conducted to evaluate your technical guiding skills.

Applicants are assessed according to the Savannah Guides Interpreter Peer Assessment Form by two Senior Savannah Guides, only one of whom may belong to the applicant's enterprise. Peer Assessment can take place at Savannah Guides schools, on your tour or a more convenient venue if required. Peer Assessment may be on a mock tour where you present elements of your real tour in a different setting for 1-2 hours.

Please indicate below when you are available to undertake Peer Assessment.

When: _____ Where: _____

Please describe why you want to join Savannah Guides:

I enclose my Registration Fee of \$105

- Accreditation at Sep-Nov School – fee covers Current Financial Year
- Accreditation at Mar-May School – fee covers Current and Following Financial Year

*Fees must be submitted with this application, either by cheque or by direct deposit into our bank account:
Savannah Guides Limited BSB: 034-167 Account: 47-1141*

Membership Pledge

I agree to abide by the Savannah Guides Code of Conduct and membership conditions as interpreted by the Board, and pursue the objectives of the Savannah Guides Mission Statement

I agree to participate in mentoring procedures as directed by the Board of Savannah Guides Limited.

I agree to adhere to the dress standards as set out in the Savannah Guides By-Laws.

Applicants indicate their acceptance of the Membership Pledge by signing this document.

Applicant's Signature: _____ **Date:** ____/____/____

Thank you for your application. We will be in contact soon.

For further information please contact:

Russell Boswell, Manager, Savannah Guides Limited