

World Centre of World Association of Girl Guides & Girl Scouts  
Alandi Road, Yerawade, Pune 411006, INDIA  
Phone : +91 (0) 20 26693252/26694240  
Fax : +91 (0) 20 26692354  
E-mail : [info@sangamworldcentre.org](mailto:info@sangamworldcentre.org)  
Website : [www.sangamworldcentre.org](http://www.sangamworldcentre.org)



Please return this form to the Event Administrator

**TRAVEL GRANT / SCHOLARSHIP APPLICATION & ENROLMENT FORM**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Day/Month/Year)

Present Guiding / Scouting Position: \_\_\_\_\_

Qualifications In Girl  
Guiding/Girl Scouting: \_\_\_\_\_  
\_\_\_\_\_

WAGGGS Region: \_\_\_\_\_

Please complete the following. If additional space is required, please use separate sheets of paper and attach to this Application Form:

a. Describe yourself as a person

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

b. Why do you want to come to Sangam?

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

c. How will you fulfill your responsibilities before, during and after the event to:

i. Sangam

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ii. Your National Organisation

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iii. Yourself

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Comments of National Organisation

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Signature of International Commissioner

Date

**Food Requirements**

Can you eat? Fish Yes/No Beef Yes/No Egg Yes/No Dairy Yes/No Chicken Yes/No

Do you have any other allergies or special requirements (e.g. intolerances, fasting etc.)?

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I give permission for my photograph to be used by Sangam for promotional materials. Yes/No

I give permission for my contact information to be shared with other participants. Yes/No

I give permission for my contact information to be shared within the 4 World Centres network for publicity of events, general programme information and fundraising. Yes/No

Signature of Applicant (13 years)

Date

OR Parent/Guardian if applicant under 18 years

**PLEASE NOTE:** It is essential that you ensure you obtain all necessary travel documentation & advice including health and travel insurance, entry visa, immunisations and passport.

If you would like to do an Explore India Tour following your event, please contact Sangam directly. Custom designed tours can be arranged to any part of India at a price and length to suit your needs.

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girls worldwide say

### HEALTH FORM

Return this form to Sangam ONE MONTH before the event. This information may be needed in case a visit to the doctor is necessary during your stay at the Centre. Please print clearly.

Name of Event \_\_\_\_\_  
Date of Event \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Group and/or  
Leader name \_\_\_\_\_  
Age \_\_\_\_\_  
Date of Birth(DD/MM/YY) \_\_\_\_\_  
Phone \_\_\_\_\_

Do you have Travel Health Insurance?

If yes, please supply the following details:

Name of Health Insurance Company

Membership Number/Policy Number

Address and Phone Number of Company

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

#### 1. EMERGENCY

Person to contact in case of an emergency / next of kin.

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_

#### 2. ALLERGIES

Please circle if you are allergic to any of the following and give details of your reaction and treatment:

Animals  
Pollen  
Plants

Medicines/Drugs (please specify)  
Food  
Chemicals

Insect stings/bites  
Dust  
Other

Details

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

**3. HEALTH HISTORY**

Do you suffer from any of the following? Please circle the appropriate ones.

Fainting  
Abnormal blood pressure  
Hay Fever  
Hearing impairment  
Do you wear: glasses?

Diabetes  
Arthritis  
Eyesight Impairment  
Speech impairment  
contact lenses?

Asthma  
Epilepsy  
Convulsions  
Severe menstrual pain  
a hearing aid?

If yes, please give details of usual treatment should condition occur and list any medications taken for this:

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**4. MEDICATIONS**

At the time of the event, will you be taking any medications (apart from those listed in question 3)?

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**5. CONDITIONS AND ILLNESSES**

Do you suffer from any conditions or illnesses that may restrict your participation in this event or you feel the Sangam First Aider should be made aware of?

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**6. IMMUNISATIONS**

As far in advance as possible before departure, (ideally 6 months), it is strongly recommended that you consult with a travel health specialist regarding what immunisations and medications you should consider for your trip.

**7. RELEASE**

I \_\_\_\_\_ will not hold Sangam responsible for any accident or illness that may  
(please print)

occur to \_\_\_\_\_ whilst participating in this event. The necessary health insurance cover has been obtained before coming to India.