



CLCGB

Your journey starts here...

The Church Lads' and Church Girls' Brigade FORMATION STAFF NOMINATION FORM

Name of Company _____ No. _____

Battalion _____ Diocese _____

Name in Full _____ (Mr/Mrs/Miss/Ms)
(Block Letters)

Postal Address _____
(Block Letters)

_____ Post Code _____

Phone No _____ Email _____

Date of Birth _____ Occupation _____

Company to which attached _____ Present Rank _____

Date of Training Certificates:

Prelim 1/2 _____ Basic _____ Standard _____ Advanced _____

I, the undersigned nominee, declare that I am willing to accept the appointment to which I have been nominated and that I will support the Rules and Regulations published by the Brigade Council together with all the declared policies of that Council and Formation.

Signed _____ Date _____

This section is to be completed by the Incumbent of the Church which the nominee attends.

I certify that the nominated person is a regular communicant of the Church.

Signed _____ Incumbent _____ Date _____

P.T.O.



Hereby nominate the aforementioned candidate to be appointed by the Brigade Council.

Signed _____ Battalion C.O. Date _____

Signed _____ Regimental C.O. Date _____

If the nominee is to be promoted and has the relevant qualifications, the following should also be completed:

Rank to which nominated _____

I the undersigned, hereby undertake, if promoted, to provide myself with the necessary rank insignia.

Signed _____ Date _____

I hereby request the nominee to be promoted by the Brigade Council.

Signed _____ Incumbent Date _____

Signed _____ Battalion C.O. Date _____

Signed _____ Formation C.O. Date _____

March 2019

FOR OFFICIAL USE												
BMS		APPT DATE		RANK		CERT		APP/ PROMO		DBS DATE		DBS NO
SG		FA		NFIS		TGA		REF				

