

PARTICIPANT'S AWARD PLAN – BRONZE/SILVER

TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER (AWARD COORDINATOR) A SEPARATE PLAN IS APPLICABLE FOR THE GOLD AWARD LEVEL

Note: Assessors must be confirmed by the Award Leader

NAME:

DATE OF BIRTH:

PHONE (H)

PHONE:(M)

EMAIL:

PLEASE STATE BELOW WHICH LEVEL YOU ARE ATTEMPTING: BRONZE/ SILVER/ GOLD

PLEASE STATE BELOW WHAT YOU HAVE CHOSEN AS YOUR MAJOR SECTION (if applicable)
SERVICE/ SKILL/ PHYSICAL RECREATION

SERVICE (VOLUNTEERING)

ACTIVITY CHOSEN:

PROPOSED DATE OF COMMENCEMENT

PROPOSED DATE OF COMPLETION:

GOAL

ORGANISATION INVOLVED:

ASSESSOR NAME:

PHONE (W)

PHONE (M)

EMAIL:

ACTIVITY EXPERIENCE/QUALIFICATION:

AWARD LEADER USE ONLY WORKING WITH CHILDREN CHECK (Yes or No)

VOLUNTEER CODE OF CONDUCT AGREED TO (Yes or No)

SKILL

ACTIVITY CHOSEN:

PROPOSED DATE OF COMMENCEMENT

PROPOSED DATE OF COMPLETION:

GOAL

ORGANISATION INVOLVED:

ASSESSOR NAME:

PHONE (W)

PHONE (M)

EMAIL:

ACTIVITY EXPERIENCE/QUALIFICATION:

AWARD LEADER USE ONLY WORKING WITH CHILDREN CHECK (Yes or No)

VOLUNTEER CODE OF CONDUCT AGREED TO (Yes or No)

PHYSICAL RECREATION

ACTIVITY CHOSEN:

PROPOSED DATE OF COMMENCEMENT

PROPOSED DATE OF COMPLETION:

GOAL

ORGANISATION INVOLVED:

ASSESSOR NAME:

PHONE (W)

PHONE (M)

EMAIL:

ACTIVITY EXPERIENCE/QUALIFICATION:

AWARD LEADER USE ONLY WORKING WITH CHILDREN CHECK (Yes or No)

VOLUNTEER CODE OF CONDUCT AGREED TO (Yes or No)

ADVENTUROUS JOURNEY

ACTIVITY CHOSEN:

PROPOSED DATE OF COMMENCEMENT

PROPOSED DATE OF COMPLETION:

GOAL

ORGANISATION INVOLVED:

ASSESSOR NAME:

PHONE (W)

PHONE (M)

EMAIL:

ACTIVITY EXPERIENCE/QUALIFICATION:

AWARD LEADER USE ONLY WORKING WITH CHILDREN CHECK (Yes or No)

VOLUNTEER CODE OF CONDUCT AGREED TO (Yes or No)

To be completed by parent/guardian of Participants aged under 18 years. I have satisfied myself that any Assessor listed above who is not an employee of the Award Unit (Licensed Operator) is qualified to instruct, supervise or assess the relevant Section of The Award program. I will also ensure that my child or I, notify the Award Unit if an Assessor who is NOT already listed on the Plan, is intending to undertake Award activities with my child, (ie a listed Assessor changes or an Assessor not yet listed intends to undertake Award activities with my child?

PARENT/GUARDIAN SIGNATURE

DATE

PARTICIPANTS SIGNATURE

DATE

THE PARTICIPANT/PARENT SHOULD RETAIN A COPY OF THIS SIGNED FORM

AWARD LEADER SIGNATURE

DATE