

New Award Agent Form



Name of Award Agent (School/organisation)	
Address	
Telephone	
Web Site	
Senior Officer/ Principal (name)	Name:
	Role:
	Email:

Purpose for Introducing the Ignite Award				
Potential Award participants (#)				
Any Award Agent specific Award Policies				
Target Cohorts	Description	Number P/A		
Total participants Year 1 (projected)				
Total participants Year 2 (projected)				
Total participants Year 3 (projected)				
Ignite Leaders	Role	Names		Duke of Ed Experience: Y/N
	Ignite Leaders			
	Activity Specialists			
Initial Roll Out Plan (Year 1)				
Appears on Award Agent Website	Yes	No		

Awards WA Office Support Arrangements:

Training Arrangements – Module 1	
Training Arrangements – Module 2	
Initial On Site Support – Post Reg'n (Months 1-3)	
Mthly Follow up: Call/Online – Mths 3++	
Participant Initial Award Checking	
Final Award Check & Approval by Awards WA – Yr 1-4	
Year One Evaluation (agreed month)	