

PARTICIPANT AWARD PLAN – BRONZE/SILVER

TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER. A SEPARATE PLAN IS APPLICABLE FOR THE GOLD AWARD

NOTE: ASSESSORS MAY BE CONTACTED AND CONFIRMED BY THE AWARD LEADER

NAME _____ DATE OF BIRTH / /

PHONE (H) _____ PHONE (M) _____ EMAIL _____

Which level are you attempting? (PLEASE CIRCLE) BRONZE / SILVER

What have you chosen as your major Section? (if applicable) VOLUNTARY SERVICE / SKILLS / PHYSICAL RECREATION

VOLUNTARY SERVICE

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 VOLUNTEER CODE OF CONDUCT AGREED TO

SKILLS

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 VOLUNTEER CODE OF CONDUCT AGREED TO

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

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VOLUNTEER CODE OF CONDUCT AGREED TO

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

VOLUNTEER CODE OF CONDUCT AGREED TO

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 is qualified to instruct, supervise or assess the relevant Section of The Award. 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 / /

PARTICIPANT'S SIGNATURE

DATE / /

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

AWARD LEADER SIGNATURE

DATE / /
