

PARTICIPANT TRANSFER FORM

For a Participant transferring from one Duke of Ed Award Centre to another

Participant information

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>	Contact information	<input type="text"/>
	State Postcode	Home	<input type="text"/>
		Mobile	<input type="text"/>
Email	<input type="text"/>		

Previous Award Centre information

Previous Award Centre	<input type="text"/>
Previous Award Leader	<input type="text"/>

New Award Centre Information

Name of new Award Centre	<input type="text"/>
If you are transferring to the WA Open Award Centre, which school/university do you attend?	<input type="text"/>

Consent (if under 18)

I consent for my/my child's Award to be transferred to the new Award Centre listed above. There are no fees associated with this change.

Signature (parent if under 18)	Date
<input type="text"/>	<input type="text"/>

For more information call (08) 9321 4179

Mail to: Awards WA
Suite 58, City West Centre
102 Railway Street
West Perth, WA 6005

Email: info@awardswa.org.au