

PARTICIPANT APPLICATION FORM OVER 18 YEARS OF AGE

SECTION 1 – Participant Information & Agreement

To be completed by the Participant

Participant Name:
[given name(s)] [family name]

Home Address:
..... State/Territory: Postcode:

Gender Male Female

Date of Birth: Age:

Phone: (Home): (Mob):

Email:

Award Unit:
[name of School/Organisation/Group]

Level of Entry: Bronze Silver Gold

Registration fee applicable: \$.....

PARTICIPANT DATA (VOLUNTARY):

This information is collected and used for statistical purposes only, to enable us to collect information for the purposes of improving design, evaluation, access, delivery and equity of The Duke of Edinburgh's International Award - Australia (The Duke of Ed/the Award). The provision of this information is voluntary. Please ✓ where appropriate.

Do you identify as being of Aboriginal and/or Torres Strait Islander origin?

Yes No

Do you speak a language other than English at home?

Yes No

Do you consider yourself to have a disability, impairment or long-term health condition?

Yes No

PARTICIPANT AGREEMENT

I have read and/or had explained to me, and agree to comply with, the Requirements and Conditions of my participation in The Duke of Edinburgh's International Award - Australia, as described on the website www.dukeofed.com.au, and also set out in Section 2 below.

Participant's Signature: Date:

REQUIREMENTS AND CONDITIONS

1. I understand that I, the Participant, cannot participate in the Award until this form has been completed and returned to the relevant Award Unit with the applicable registration fee, and has then been accepted by the Award Unit.
2. I consent to the Award Unit and any other individuals, including Volunteers#, who are involved in or assist in organising The Duke of Ed, and hired transportation drivers, transporting the Participant for the purpose of participating in activities or functions related to The Duke of Ed, as required. I understand that the Award Unit will notify me in advance of when and where such travel will occur.
3. I understand that certain activities are considered high-risk and that high-risk activities are not covered by the insurance arrangements of the National Award Authority (www.dukeofed.com.au). I understand that the responsibility for all risks arising from the Participant's participation in the Award is placed solely upon the Participant.
4. I authorise employees, officers or agents of the Award Unit and any other individuals who participate in, are involved in or assist in organising The Duke of Ed, in the event of any accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to The Duke of Ed, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
5. I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the Participant as a result of any such accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to The Duke of Ed.
6. I consent to and understand the photographs may be taken of the Participant participating in certain activities related to the Award and such photographs may be used for promotion purposes provided an appropriate release form has been signed by both the Participant and their parent/guardian.
7. I have read and understood the different levels and requirements of the Award as set out in the Outline of the Program (See Award Handbook &/or <https://dukeofed.com.au/about-the-award/award-framework/>).
8. I understand every Participant must participate in the Award through an Award Unit who has the discretion to accept or reject Participants and proposed activities to be undertaken as part of the Award.
9. I understand that I cannot commence any particular Section of the Award until I have satisfied myself that
 - a. any Volunteer I have nominated who is not an employee of the Award Unit, is suitably experienced and/or qualified to instruct/supervise/assess that Section of the Award and
 - b. until any relevant Volunteers have completed and returned required documentation to the Award Unit.
10. I understand that upon acceptance into the Duke of Ed by the Award Unit, I will receive a Record Book or gain access to the Online Record Book (ORB). The Participant will read the requirements of the Award contained in the Record Book/ORB/www.dukeofed.com.au prior to commencing activities in relation to the Duke of Ed. I understand that the Award Unit has the discretion to determine whether the Award requirements have been met and therefore whether Bronze, Silver or Gold Award should be issued. I understand that the National Award Authority provides Participants with limited insurance in respect of personal accident and public liability (insurance) commencing upon acceptance into the Duke of Ed by the Award Unit.
11. I understand that:

- a. a Participant must not drive a motor vehicle or transport other Participants participating in activities related to the Award, unless the Participant holds an appropriate and valid driver's licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the Participant's driving; and
- b. a Participant must not be driven by any individual who is not involved in or assisting in organising the Duke of Ed, for the purposes of participating in The Duke of Ed unless the individual holds an appropriate and valid driver's licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the individual's driving.

12. I understand that I am required to comply with the Award requirements contained in the Record Book/ORB/www.dukeofed.com.au, the policies of the relevant National or State/Territory Award Operating Authority (as amended from time to time) and requirements of the State/Territory Award Operating Authority and Award Unit in relation to emergency plans, assessment of activities and the conduct of Adventurous Journeys related to the Duke of Ed and understand that Award Units may withdraw their approval to the Participant's participation in The Duke of Ed if they do not comply.

13. I consent to the provision of any personal information that has been provided (including Participant Data) to the Award Unit, State/Territory Award Operating Authority or National Award Authority. I consent to this information being treated in accordance with the provisions of the Privacy Policy of the relevant National Award Authority or State/Territory Award Operating Authority (as amended from time to time), the Australian Privacy Principles contained in the Privacy Act 1988 (Cth), and any other privacy legislation, standards, guidelines or instructions binding on them under privacy legislation.

14. **Privacy:** The National Award Authority and the State/Territory Award Operating Authorities are committed to respecting your privacy. Personal information is collected on this Form for the purpose of participating in the Award. Participants who do not provide this information to us cannot participate in the Award (note that non-provision of Participant Data does not have this consequence). We may also use your personal information to send you information about other Award activities or events which we believe may be of interest to you. We may disclose this information to other Australian and international organisations and service providers who assist us in the operation and administration of the Award. If you would like to contact us or access your personal information please write to the National Award Authority. You may also contact the National Award Authority and/or where applicable, State/Territory Award Operating Authority to request a copy of their Privacy Policy.

Please ✓ if accepted:

I have read, understood and agree to comply with, the Requirements and Conditions of participation in The Duke of Edinburgh's International Award, as described above and on the website www.dukeofed.com.au.

Participant's Signature:

Date:

The Award Unit agrees to accept the above mentioned as a Participant of the Award according to the Requirements and Conditions as described above and on the website: www.dukeofed.com.au

Signed on behalf of the Award Unit:

Award Leader Name:

Signature..... Date:

PLEASE RETURN COMPLETED FORM AND REGISTRATION FEE PAYMENT TO THE AWARDUNIT

#For the purposes of The Duke of Ed, and therefore this document, a “Volunteer” means anyone over the age of 18 who assists with The Duke of Ed, either in a paid or unpaid capacity. This includes all Award Leaders, Assessors and Supervisors.