

PARTICIPANT AWARD PLAN

TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER.
NOTE: Assessors may be contacted and confirmed by the Award Leader.

First Name Last Name Date Of Birth / /

Phone (H) Phone (M) Email

Which level are you attempting? (please circle) Bronze / Silver / Gold

What have you chosen as your major Section? (if applicable) Skills / Voluntary Service / Physical Recreation

SKILLS

Activity Chosen Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Skill Section of their Duke of Ed
 I have read the **Assessor Commencement Guide** and signed the
Volunteer Code of Conduct (to be returned to the Participant's Award Leader)

Assessor Signature

Date

/ /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

Is suitably qualified and experienced to assess this activity
 Has completed and returned a Duke of Ed **Volunteer**

Code of Conduct

Has met Child Protection requirements

VOLUNTARY SERVICE

Activity Chosen Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Service Section of their Duke of Ed
 I have read the **Assessor Commencement Guide** and signed the
Volunteer Code of Conduct (to be returned to the Participant's Award Leader)

Assessor Signature

Date

/ /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

Is suitably qualified and experienced to assess this activity
 Has completed and returned a Duke of Ed **Volunteer**

Code of Conduct

Has met Child Protection requirements

PHYSICAL RECREATION

Activity Chosen Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Physical Recreation Section of their
 Duke of Ed
 I have read the **Assessor Commencement Guide** and signed the
Volunteer Code of Conduct (to be returned to the Participant's Award Leader)

Assessor Signature

Date

/ /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

Is suitably qualified and experienced to assess this activity
 Has completed and returned a Duke of Ed **Volunteer**

Code of Conduct

Has met Child Protection requirements

ADVENTUROUS JOURNEY

Activity Chosen Organisation
Goal/purpose
Assessor Name Assessor Organisation
Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the AJ Section of their Duke of Ed
 I have read the **Assessor Commencement Guide** and signed the **Volunteer Code of Conduct** (to be returned to the Participant's Award Leader)

Assessor Signature

Date

/ /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

- Is suitably qualified and experienced to assess this activity
Has completed and returned a Duke of Ed **Volunteer Code of Conduct**
Has met Child Protection requirements

GOLD RESIDENTIAL PROJECT

Activity Chosen Organisation
Goal/purpose
Assessor Name Assessor Organisation
Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the AJ Section of their Duke of Ed
 I have read the **Assessor Commencement Guide** and signed the **Volunteer Code of Conduct** (to be returned to the Participant's Award Leader)

Assessor Signature

Date

/ /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

- Is suitably qualified and experienced to assess this activity
Has completed and returned a Duke of Ed **Volunteer Code of Conduct**
Has met Child Protection requirements

PARTICIPANT SIGNATURE

DATE / /

TO BE COMPLETED BY PARENT/CARER OF PARTICIPANTS AGED UNDER 18 YEARS. I understand that my child cannot commence any particular Section of The Duke of Ed until: I have satisfied myself that any Volunteer# nominated by the Participant, who is not an employee of the Award Centre is suitably experienced and/or qualified to instruct/supervise/assess that Section of The Duke of Ed; and until any relevant Volunteers have completed and returned required documentation to The Award Centre.

I will also ensure that my child or I, notify the Award Centre if an Assessor who is NOT already listed on this **Plan** is intending to undertake the Award activities with my child (ie a listed Assessor changes or an Assessor not yet listed intends to undertake The Award activities with my child).

PARENT/GUARDIAN NAME

CONTACT NUMBER

EMAIL

PARENT/GUARDIAN SIGNATURE

DATE / /

REMEMBER, you also need to give your formal parent/guardian consent either by:

- completing and signing the Parent/Guardian Consent – Section 2 of the **Participant Application Form – Under 18**, available at: dukeofed.com.au

OR

- responding to the email sent to you if your child requested that you provide your consent online

CHILD PROTECTION REQUIREMENTS and processes differ from organisation to organisation and state to state. Please check your relevant State /Territory/Organisation's current Child Protection procedures. Note: The Participant's Award Leader must ensure that all Assessors have met the appropriate requirements for Child Protection before Assessors undertake the Award activities with them.

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

#For the purposes of The Duke of Ed, 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.

AWARD LEADER USE ONLY

AWARD LEADER SIGNATURE

DATE / /