

Participant Name Duke of Ed Award Centre (ie school or organisation)

Offline Records – Gold

There are two ways to record your Duke of Ed activities:

- **Online** - for information on how to use the ORB go to: dukeofed.com.au/Online-Record-Book-Resources
- **Offline** - use these Records, also available at: dukeofed.com.au/resources/participant-resources

REMEMBER: If you are a direct entrant Gold Participant (ie you have not previously completed a Silver Award) you must do an extra six(6) months for one of the regular Sections (ie Skills, Voluntary Service or Physical Recreation). 18 months in total for that section.

Skills, Voluntary Service and Physical Recreation activities need to be undertaken **regularly**, which means one (1) hour per week, two (2) hours per two week period or four (4) hours per four week period.

Skills Record

My Skills activity is:

My Skills goal is:

My Assessor (insert name) _____ has been approved by my Award Leader

12month commitment

18 month commitment (ie this is my Major Section)

Month	Date	Time spent
1		
2		
3		
4		
5		
6		
Total		

Month	Date	Time spent
7		
8		
9		
10		
11		
12		
Total		

Skills Record (cont)

Month	Date	Time spent
13		
14		
15		
16		
17		
18		
	Total	

Assessment Report

As the Skills Assessor please comment on the Participant's improvement/performance/commitment:

Assessor Signoff

I certify, as the Skills Assessor, that this Participant has worked towards achieving their goal and has undertaken the activity regularly over the required time period (please see explanation of "regularly" above).

Name Signed Date

Participant Name Duke of Ed Award Centre (ie school or organisation)

Voluntary Service Record

My Voluntary Service activity is:

My Voluntary Service goal is:

My Service Assessor (insert name) _____ has been approved by my Award Leader

12 month commitment

18 month commitment (ie this is my Major Section)

Month	Date	Time spent
1		
2		
3		
4		
5		
6		
Total		

Month	Date	Time spent
7		
8		
9		
10		
11		
12		
Total		

Voluntary Service Record (cont)

Month	Date	Time spent
13		
14		
15		
16		
17		
18		
Total		

Assessment Report

As the Voluntary Service Assessor please comment on the Participant's improvement/performance/commitment:

Assessor Signoff

I certify, as the Voluntary Service Assessor, that this Participant has worked towards achieving their goal and has undertaken the activity regularly over the required time period (please see explanation of "regularly" on page 1).

Name Signed Date

Participant Name Duke of Ed Award Centre (ie school or organisation)

Physical Recreation Record

My Physical Recreation activity is:

My Physical Recreation goal is:

My Physical Recreation Assessor (insert name) _____ has been approved by my Award Leader

12 month commitment

18 month commitment (ie this is my Major Section)

Month	Date	Time spent
1		
2		
3		
4		
5		
6		
Total		

Month	Date	Time spent
7		
8		
9		
10		
11		
12		
Total		

Physical Recreation Record (cont)

Month	Date	Time spent
13		
14		
15		
16		
17		
18		
Total		

Assessment Report

As the Physical Recreation Assessor please comment on the Participant's improvement/performance/commitment:

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Assessor Signoff

I certify, as the Physical Recreation Assessor, that this Participant has worked towards achieving their goal and has undertaken the activity regularly over the required time period (please see explanation of "regularly" on page 1).

Name Signed Date

Adventurous Journey Record (1)

PREPARATION AND TRAINING

Participant Name Duke of Ed Award Centre (ie school or organisation)

Assessor Signoffs

Subject (if relevant)	Assessor's / Instructor's Name	Signature	Date
Understanding of the Adventurous Journey			
First aid and emergency / safety procedures			
Route planning and navigation			
Campcraft / accommodation			
Team building and leadership training			
Arrangement of meals			
Environmental awareness and care			
Necessary equipment / how to use it			
Technical skills in the mode of travel			
Observation and recording skills			
Other			

Assessor Signoff

I certify, as an Adventurous Journey Assessor, that this Participant has a satisfactory knowledge in the above subjects and is properly prepared for their Practice Journey.

Name Signed Date

PRACTICE JOURNEY

My participation on this Practice Journey has been approved by my Award Leader Approval Date

Practice Journey Details (Participant to complete)

Journey Name			
Journey Type (please circle)	Expedition	Exploration	Supervisor*
Mode of Travel (ie bushwalking, canoeing)	Journey Goal		
Location			
Journey Dates	_ / _ / ____ to _ / _ / ____		

Practice Journey – Participant observation and recording (Participant to complete)

Assessor Signoff

I certify, as the Adventurous Journey Assessor, that this Participant has successfully completed this Practice Journey.

Name Signed Date

Adventurous Journey Record (2)

QUALIFYING JOURNEY

Participant Name Duke of Ed Award Centre (ie school or organisation)

My participation on this Qualifying Journey has been approved by my Award Leader Approval Date

Qualifying Journey Details (Participant to complete)			
Journey Name			
Journey Type (please circle)	Expedition	Exploration	Supervisor*
Mode of Travel (ie bushwalking, canoeing)	Journey Goal		
Location			
Journey Dates	_ / _ / ____ to _ / _ / ____		

Supervisor's* Report

Please comment on the Participant's Qualifying Journey activity and participation:

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Assessor's Report

Please comment on the Participant's Journey activity, participation and Qualifying Journey Report:

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Assessor Signoff

I certify, as the Adventurous Journey Assessor, that this Participant has successfully completed this Qualifying Journey.

Name Signed Date

*All journeys (practice and qualifying) must be supervised by an adult who is suitably skilled, experienced and/or qualified (the Supervisor) with respect to the journey (mode of travel, terrain, age group) to be undertaken. The Supervisor must be approved by The Duke of Ed Award Leader and therefore the Award Centre, prior to any Adventurous Journey(s) commencing.

Refer to parts 2.2.3, 6.5 and 6.8 of the Handbook for The Duke of Edinburgh's International Award - Australia (see dukeofed.com.au) for complete information regarding Adventurous Journey Supervisors/Supervision.

Participant Name Duke of Ed Award Unit
(ie school or organisation)

Gold Residential Project Record

My Gold Residential Project Activity is:

Residential Location	
Residential Dates	__ / __ / ____ to __ / __ / ____

Remember Gold Residential Projects Participants must reside away from their usual place of residence for a total period of no less than five days and four nights and be in the company of others who are, in the majority, not their usual companions.

The **purpose/ goal for my Gold Residential Activity** is:

My **Residential Assessor** (insert name) _____ has been approved by my Award Leader

Participant Name Duke of Ed Award Centre
(ie school or organisation)

Participants Residential Activity Report Summary:

Day One:

Day Two:

Day Three :

Day Four :

Day Five:

Other comments:

Assessment Report

As the Residential Assessor please comment on the Participant's improvement/performance/commitment:

Assessor Signoff

I certify, as the Residential Assessor, that this Participant has worked towards achieving their goal and has undertaken the activity as per the dates detailed above.

Name Signed Date