

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

## SA Offline Records – Silver

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](http://dukeofed.com.au/Online-Record-Book-Resources)
- **Offline** – use these Records, also available at [dukeofed.com.au/resources/participant-resources/](http://dukeofed.com.au/resources/participant-resources/)

**REMEMBER:** If you are a direct entry Silver Participant (ie you have not previously completed a Bronze Award) you must do an extra

(6) six months for one of the regular Sections (ie Skills, Voluntary Service or Physical Recreation). This twelve (12) month activity known as your Major 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 Assessor name) \_\_\_\_\_ has been approved by my Award Leader

Six month commitment

Twelve 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

## Assessor's Report

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

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## 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" on page 1).

Name	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
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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 Assessor (insert Assessor name) \_\_\_\_\_ has been approved by my Award Leader

Six month commitment

Twelve month commitment  (ie this is my Major Section)

Month	Date	Time spent
1	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

Month	Date	Time spent
7	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

## Assessor's 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 Assessor (insert Assessor name) \_\_\_\_\_ has been approved by my Award Leader

Six month commitment

Twelve 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		

## Assessor's 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.