

PARTICIPANT'S AWARD PLAN

TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER.

NOTE: ASSESSORS MUST BE CONFIRMED BY THE AWARD LEADER

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) PHYSICAL RECREATION / SKILL / SERVICE

PHYSICAL RECREATION

ACTIVITY CHOSEN _____

PROPOSED DATE OF COMMENCEMENT / / PROPOSED DATE OF COMPLETION / /

GOAL/PURPOSE _____

ORGANISATION INVOLVED _____

ASSESSOR NAME		
PHONE (W)	PHONE (M)	EMAIL
ACTIVITY EXPERIENCE/QUALIFICATION		
AWARD LEADER USE ONLY <input type="checkbox"/> CHILD PROTECTION REQUIREMENTS MET <input type="checkbox"/> VOLUNTEER CODE OF CONDUCT AGREED TO		

SKILL

ACTIVITY CHOSEN _____

PROPOSED DATE OF COMMENCEMENT / / PROPOSED DATE OF COMPLETION / /

GOAL/PURPOSE _____

ORGANISATION INVOLVED _____

ASSESSOR NAME		
PHONE (W)	PHONE (M)	EMAIL
ACTIVITY EXPERIENCE/QUALIFICATION		
AWARD LEADER USE ONLY <input type="checkbox"/> CHILD PROTECTION REQUIREMENTS MET <input type="checkbox"/> VOLUNTEER CODE OF CONDUCT AGREED TO		

SERVICE

ACTIVITY CHOSEN _____

PROPOSED DATE OF COMMENCEMENT / / PROPOSED DATE OF COMPLETION / /

GOAL/PURPOSE _____

ORGANISATION INVOLVED _____

ASSESSOR NAME		
PHONE (W)	PHONE (M)	EMAIL
ACTIVITY EXPERIENCE/QUALIFICATION		
AWARD LEADER USE ONLY <input type="checkbox"/> CHILD PROTECTION REQUIREMENTS MET <input type="checkbox"/> VOLUNTEER CODE OF CONDUCT AGREED TO		

ADVENTUROUS JOURNEY

ORGANISATION INVOLVED _____

ASSESSOR NAME		
PHONE (W)	PHONE (M)	EMAIL
ACTIVITY EXPERIENCE/QUALIFICATION		
AWARD LEADER USE ONLY <input type="checkbox"/> CHILD PROTECTION REQUIREMENTS MET <input type="checkbox"/> VOLUNTEER CODE OF CONDUCT AGREED TO		

RESIDENTIAL PROJECT (GOLD LEVEL ONLY)

ACTIVITY _____

ORGANISATION THROUGH WHICH YOU WILL BE DOING YOUR PROJECT _____

PROPOSED DATE OF COMMENCEMENT / / PROPOSED DATE OF COMPLETION / /

GOAL/PURPOSE _____

ASSESSOR NAME		
PHONE (W)	PHONE (M)	EMAIL
ACTIVITY EXPERIENCE/QUALIFICATION		
AWARD LEADER USE ONLY <input type="checkbox"/> CHILD PROTECTION REQUIREMENTS MET <input type="checkbox"/> VOLUNTEER CODE OF CONDUCT AGREED TO		

PARTICIPANTS SIGNATURE _____ DATE / /

To be completed by parent/carer of Participants aged under 18 years. I have satisfied myself that any Assessor listed above who is not an employee of the Award Unit is qualified to instruct, supervise or assess the relevant Section of The Award program. I will also ensure that my child or I, notify the Award Unit if an Assessor who is NOT already listed on this Plan is intending to undertake Award activities with my child. (i.e. a listed Assessor changes or an Assessor not yet listed intends to undertake Award activities with my child)

PARENT/GUARDIAN NAME	
CONTACT NUMBER	EMAIL
PARENT/GUARDIAN	DATE / /

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

AWARD LEADER USE ONLY	
AWARD LEADER SIGNATURE	DATE / /