Award Forms

For more information please contact:

Vicki Busse, NBSC Duke of Edinburgh Coordinator

vicki.busse@det.nsw.edu.au

Telephone: 9939 6942

Name: ____________________________________________

NBSC Campus: ________________________________

Award Level: ________________________________

Hand in forms and payment to your campus office or directly to
NBSC Administration Centre
Northern Beaches Secondary College
Duke of Edinburgh’s Award

PROGRAM PARTICIPATION FORM

I hereby consent to my child/ward ____________________________ (full name) of ____________________________ Campus participating in the Duke of Edinburgh’s Award Scheme, as explained in the information notes provided.

Tick the appropriate box

I understand my child/ward will participate in the Award at:

[ ] BRONZE Costing: $115.00
[ ] SILVER Costing: $120.00
[ ] GOLD Costing: $125.00

My child/ward is anaphylactic and carries an epi–pen  [ ] YES  [ ] NO

My child/ward has the following special medical and/or dietary needs
(Please provide full details and include any relevant medical details)
____________________________________________________________________________________________

Circle appropriate section below before signing

I do / do not grant permission for my child/ward to be photographed and/or filmed and his/her image to be used in print and/or digital media (including the NBSC website and Facebook).

I give / do not give permission for my child/ward to receive medical treatment in case of emergency.

Emergency Contact Details
Name: ____________________________ Phone: ________________
Signature of Parent/Guardian: ____________________________ Date: ________________

Credit Card Payment Details

Please debit my Mastercard Visa card (please indicate)

Cardholder’s Name: ______________________________________
Card Number: ____________________________ Expiry date: ________________
Amount: __________________
Cardholder’s signature: ____________________________ Date: ________________

NOTE: Cheques made payable to Freshwater Senior Campus

DUE DATE: Thursday 20 February 2014
Hand in form and payment to your campus office or directly to NBSC Administration Centre
General Permission to Publish and disclose Information

Dear Parent/Caregiver,

I am seeking your permission to allow the school/Department of Education and Communities to publish and/or disclose information about your child for the purposes of sharing his/her experiences with other students, informing the school and broader community about school and student activities and recording student participation in noteworthy projects or community service.

This information may include your child’s name, age, class and information collected at school such as photographs, sound and visual recordings of your child, your child’s work and expressions of opinion such as in interactive media.

The communications in which your child’s information may be published or disclosed include but are not limited to:

- Public websites of the Department of Education and Communities including the school website, the Department of Education and Communities intranet (staff only), blogs and wikis
- Department of Education and Communities publications including the school newsletter, annual school magazine and school report, promotional material published in print and electronically including on the Department’s websites
- Official Department and school social media accounts on networks such as YouTube, Facebook and Twitter
- Local and metropolitan newspapers and magazines and other media outlets

Parents should be aware that when information is published on public websites and social media channels, it can be discoverable online for a number of years, if not permanently. Search engines may also cache or retain copies of published information. Published information can also be linked to by third parties.

Please complete the permission slip and return to the school by Thursday 20th February 2014.

Yours sincerely

Mr Neil Worsley
College Principal, Northern Beaches Secondary College

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Permission to Publish

I have read this permission to publish and:

*Tick the appropriate box*

[ ] I give permission
[ ] I do not give permission

...to the school/Department of Education and Communities to publish information about my child as described above, including in publicly accessible communications.

This signed permission remains effective until I advise the school otherwise.

Child’s name: ………………………………………………………………………………………………………

School name: ………………………………………………………………………………………………………

Parent/carer/caregiver’s name: ………………………………………………………………………………………

Parent/carer/caregiver signature: ………………………………………………………………………………………

Date: …………………
PARTICIPANT APPLICATION FORM
Includes Parent/Guardian Consent for Participants under 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: ……………………………………………………………………………………………………………………….........

Licensed Operator: ………………………………………………………………………… ...................................
[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 The Duke of Edinburgh’s Award in Australia [The Duke of Ed] design, evaluation, access, delivery and equity. 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 have had explained to me, and agree to comply with, the Requirements and Conditions of my participation in The Duke of Edinburgh’s Award in Australia, as described on the website: www.dukeofed.com.au, and also set out in Section 2 below.

Participant’s Signature: ………………………………………........ Date: ……………………….....................
SECTION 2 – Parent/Guardian Consent

This section must be completed for Participants under 18 years of age

To be completed by the parent/guardian

I, ..................................................................................................................................................................................
[full name of parent/guardian]

of...........................................................................................................................................................................
[home address]
...........................................................................................................................................................................
State/Territory: .............. Postcode.............

Phone: (Home) ..................... (Mob) ..............................................................

Email: ..............................................................

am the parent/guardian of ........................................................................ (the Participant named in
Section 1). I consent to him/her participating in The Duke of Edinburgh’s Award in Australia (The
Duke of Ed) under the supervision of:

...........................................................................................................................
[name of Licensed Operator (e.g. School/Organisation/Group)]

and to him/her undertaking activities to fulfil the requirements of the The Duke of Ed.

REQUIREMENTS AND CONDITIONS

1. I understand that the Participant cannot participate in The Duke of Ed until this Form has
been completed (including Section 2 – Parent/Guardian Consent) and returned to the relevant
Licensed Operator with the applicable registration fee, and has then been accepted by the Licensed
Operator

2. I consent to the Licensed Operator 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 Licensed Operator 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 Duke of Ed is placed solely upon the Participant.

4. I authorise employees, officers or agents of the Licensed Operator 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 that photographs may be taken of the Participant participating in
certain activities related to The Duke of Ed and such photographs may be used for promotional
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 Duke of Ed as set out in the Outline of the Program (page 5 of this Form).

8. I understand every Participant must participate in The Duke of Ed through a Licensed Operator who has the discretion to accept or reject Participants and proposed activities to be undertaken as part of The Duke of Ed.

9. I understand that the Participant 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 Licensed Operator, 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 Licensed Operator.

10. I understand that upon acceptance into The Duke of Ed by the Licensed Operator, the Participant will receive a Record Book or gain access to the Online Record Book (ORB). The Participant will read the requirements of The Duke of Ed 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 Licensed Operator has the discretion to determine whether The Duke of Ed requirements have been met and therefore whether a 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 Licensed Operator.

11. I understand that:
   a. a Participant must not drive a motor vehicle or transport other Participants participating in activities related to The Duke of Ed, 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 Participants are required to comply with The Duke of Ed requirements contained in the Record Book/ORB/www.dukeofed.com.au, the policies of the relevant National or State Award Authority (as amended from time to time) and requirements of the State Award Authority and Licensed Operator in relation to emergency plans, assessment of activities and the conduct of Adventurous Journeys related to The Duke of Ed and understand that the Licensed Operator may withdraw its 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 I have provided (including Participant Data) to the Licensed Operator, State or National Award Authorities. I consent to this information being treated in accordance with the provisions of the Privacy Policy of the relevant National or State Award Authority (as amended from time to time), the National 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 and State Award Authorities are committed to respecting your privacy. Personal information is collected on this Form for the purpose of participating in The Duke of Ed. Participants who do not provide this information to us cannot participate in The Duke of Ed (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 Duke of Ed 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 Duke of Ed. 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 Award 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 the Participant’s participation in The Duke of Edinburgh’s Award in Australia, as described above and on the website: www.dukeofed.com.au

Parent/guardian signature: ………………………………………………………………… Date: ………………………

The Licensed Operator agrees to accept the abovementioned as a Participant of The Duke of Ed according to the Requirements and Conditions as described above and on the website: www.dukeofed.com.au

Signed on behalf of The Licensed Operator:

Coordinator Name: …………………………………………………………………………………………………

Signature: ………………………………………………………………………………………………… Date: ………………………

PLEASE RETURN COMPLETED FORM AND REGISTRATION FEE PAYMENT TO THE LICENSED OPERATOR

*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 Coordinators, Assessors and Supervisors.
OUTLINE OF THE PROGRAM

The Duke of Ed has three levels; Bronze, Silver and Gold. Each of these levels is made up of four Sections: Physical Recreation, Skill, Volunteering and Adventurous Journey. The Gold Award has an additional requirement – a Residential Project. All Participants in The Duke of Ed must be registered with a Licensed Operator. The Licensed Operator must approve activity Assessors prior to Participants undertaking any Award activities with them.

Participants design their own program by selecting activities that interest them and then set their goals according to the following minimum requirements (summarised in the table below). Full requirements for obtaining an Award are set out in more detail at www.dukeofed.com.au

<table>
<thead>
<tr>
<th>BRONZE</th>
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<tbody>
<tr>
<td>Physical Recreation</td>
</tr>
<tr>
<td>Skill</td>
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<tr>
<td>Volunteering</td>
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<tr>
<td>Plus</td>
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<tr>
<td>Adventurous Journey</td>
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<tr>
<th>SILVER</th>
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<tbody>
<tr>
<td>Physical Recreation</td>
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<tr>
<td>Skill</td>
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<tr>
<td>Plus</td>
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<td>Adventurous Journey</td>
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<th>GOLD</th>
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</thead>
<tbody>
<tr>
<td>Physical Recreation</td>
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<tr>
<td>Skill</td>
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<tr>
<td>Volunteering</td>
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<tr>
<td>Plus</td>
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<tr>
<td>Adventurous Journey</td>
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<tr>
<td>Residential Project</td>
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</tbody>
</table>

* These are minimum time requirements and are expressed in whole months, during which there should be regular commitment. As a guide, regular time commitment is at least one hour per week or two hours per fortnight. In the case of Volunteering, this may be four hours per month (in block time periods) dependent on Coordinator approval. Award Participants are encouraged to continue their activities beyond the minimum time.

** Satisfactory completion of the Adventurous Journey Section includes training and preparation appropriate for the journeys being undertaken and at least one practice journey of a similar nature and duration to the qualifying journey

1. Any young person aged 14 to 25 can become an Award Participant.
   - At Bronze level, if a person is 13 and 9 months, but is part of a peer group where the majority are 14 years or older, then some discretion is given to the Licensed Operator to allow that young person to start their Bronze Award with the rest of the group
   - A person may commence Silver at 14 and 9 months if they have completed their Bronze Award. In practice, this means that Participants who are given concession to start Bronze or Silver early will need to wait longer to receive their Award
   - Participants who commence their Bronze or Silver Award slightly earlier will need to wait until they meet the minimum age for completion before they can claim their Award
   - No activity undertaken before a Participant’s 16th birthday may be counted towards a Gold Award
   - Please contact your State/Territory Award Office if you have any questions about age range and commencing The Duke of Ed prior to 14 years of age.

2. The Duke of Ed must be completed by the Participant’s 25th birthday.
3. Parent/guardian consent is required for Participants aged under 18 years.
4. All Participants must sign the Participant Agreement.
5. The standards of achieving an Award are individual effort, perseverance and progress.
6. The Duke of Ed is to be completed substantially in the Participants own time.
# PARTICIPANT’S AWARD PLAN

**TO BE COMPLETED AND RETURNED TO YOUR COORDINATOR.**  NOTE: ASSESSORS MAY BE CONTACTED AND CONFIRMED BY THE COORDINATOR.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
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<tbody>
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<td>PHONE (H)</td>
<td>PHONE (M)</td>
<td>EMAIL</td>
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**WHICH LEVEL ARE YOU ATTEMPTING? (PLEASE CIRCLE)**  BRONZE / SILVER / GOLD

**WHAT HAVE YOU CHOSEN AS YOUR MAJOR SECTION? (if applicable)**  VOLUNTEERING / SKILL / PHYSICAL RECREATION/FITNESS

## VOLUNTEERING

**ACTIVITY CHOSEN**

<table>
<thead>
<tr>
<th>PROPOSED DATE OF COMMENCEMENT</th>
<th>PROPOSED DATE OF COMPLETION</th>
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**GOAL/PURPOSE**

**ORGANISATION INVOLVED**

<table>
<thead>
<tr>
<th>ASSESSOR NAME</th>
<th>PHONE (W)</th>
<th>PHONE (M)</th>
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<tr>
<td>ACTIVITY EXPERIENCE/QUALIFICATION</td>
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**COORDINATOR USE ONLY**  □ CHILD PROTECTION REQUIREMENTS MET  □ VOLUNTEER CODE OF CONDUCT AGREED TO

## SKILL

**ACTIVITY CHOSEN**

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## PHYSICAL RECREATION/FITNESS

**ACTIVITY CHOSEN**

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**COORDINATOR USE ONLY**  □ CHILD PROTECTION REQUIREMENTS MET  □ VOLUNTEER CODE OF CONDUCT AGREED TO
**ADVENTUROUS JOURNEY**

**ORGANISATION INVOLVED**

<table>
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<th>ASSESSOR NAME</th>
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**ACTIVITY EXPERIENCE/QUALIFICATION**

**COORDINATOR USE ONLY**
- ☐ CHILD PROTECTION REQUIREMENTS MET
- ☐ VOLUNTEER CODE OF CONDUCT AGREED TO

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**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**

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**ACTIVITY EXPERIENCE/QUALIFICATION**

**COORDINATOR USE ONLY**
- ☐ CHILD PROTECTION REQUIREMENTS MET
- ☐ VOLUNTEER CODE OF CONDUCT AGREED TO

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**PARTICIPANTS SIGNATURE**

**DATE** / /

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**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 Licensed Operator 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 Licensed Operator 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)

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN NAME</th>
<th>CONTACT NUMBER</th>
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**PARENT/GUARDIAN**

**DATE** / /

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

**COORDINATORS SIGNATURE**

**DATE** / /