

PARTICIPANT REGISTRATION



To join The Duke of Edinburgh's Award complete this form and return it to the Office for Youth, together with the registration fee of \$75.00.

The \$75.00 will cover you for your initial Award level and then will cover you for Silver and/or Gold if you choose to continue through the levels.

Your record book will be forwarded to you upon receipt of your payment.

If you choose to continue through the Award levels, on completion of each Award, remember to complete the 'Notice of continuation' form and send it in to the Office for Youth, so we can issue you with the next record book.

Participant Information

Full name:
Address:
Town/Suburb: Postcode:
Phone: Mobile:
Email:
Gender: Male Female Date of Birth: __ / __ / ____
Level of entry: Bronze Silver Gold
Method: Paper record book On-line record book
Licensed Operator (School/organisation):
.....

Participant acceptance:
Signature
Date of application: __ / __ / ____
Are you an active8 participant? Yes No

Optional Information

This information is collected and used for statistical purposes only. It enables us to collect information for the purposes of improving the design, delivery, evaluation and equity of the Award.

There are no consequences if you do not provide this information, however your response is appreciated.

Do you describe yourself as:
 Person with a disability
 Aboriginal or Torres Strait Islander
 Non English speaking background

Award Program

When planning your Award program make sure the activities meet the requirements of each section, taking into consideration that some activities may be deemed as high risk and therefore not covered by the insurance of the Duke of Edinburgh's Award.

If you need help speak with your Award Coordinator or contact the Office for Youth on 1300 4 DUKES or visit the Duke of Ed's website at www.dukeofed.com.au

Parent / Guardian Consent

I:
full name of parent / guardian

of:
address

Phone:

Consent to:
name of participant

Participating in The Duke of Edinburgh's Award under the supervision of:
Licensed Operator (school/ organisation)

and undertaking activities to fulfil the requirements of the Award program.

Parent / guardian: Date: __ / __ / __
signature

I hereby grant permission for Attorney-General's Department to use their physical likeness in film, video or photographic use, without restriction in any communication medium, in present or future use.

Registration Fee

No cash accepted. Registration fee: \$75.00.

Enclosed is: Cheque Money Order Invoice organisation
* Cheques made out to 'Duke of Edinburgh's Award South Australia'.

Payment by Credit Card

Cardholder Name:

Card No: _____ Expiry Date: __ / __

Card Type:

Card Holder Signature:

Do you require a receipt? Yes No

Return to:

Office for Youth
Duke of Edinburgh's Award
GPO Box 320, Adelaide SA 5001

Office use only:

Invoice request generated
 Entered into database
 Record book sent

