

Gold Award Plan

To ensure that each individual has set themselves activities that meet the Award guidelines, this form must be completed as fully as possible and submitted to your Award Coordinator and the State Award Office (Office for Youth, GPO Box 320, Adelaide SA 5001) prior to commencement.

Name: _____

Address: _____

Postcode: _____ Telephone: _____

D.O.B: _____ Age: _____ Email: _____

Licensed Operator: _____

Award Levels Completed: **BRONZE:** Yes/No **SILVER:** Yes/No

Date Of Application: ___/___/___

PROPOSED PROGRAM

SERVICE

Form of Service: _____ Assessor: _____

Organisation: _____

Outline of practical service being undertaken: _____

SKILL

Skill being followed: _____ Assessor: _____

Being organised through: _____

Outline of activities being undertaken: _____

PHYSICAL RECREATION

Type of physical activity: _____ Assessor: _____

Being organised through: _____

Purpose: _____

RESIDENTIAL

Project being undertaken: _____ Assessor: _____

Purpose: _____

Being organised through: _____

Place: _____

ADVENTUROUS JOURNEY

You will need to discuss your trip intentions with your Award Coordinator prior to your practice trip or qualifying journey.