

Operator transfer form

For a participant transferring from one Award Operator to another

Participant information

| | | | | | |
|---|--|---------------|--|--------------------|----------------------|
| Name | <input type="text"/> | Date of birth | <input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/> | Record book number | <input type="text"/> |
| Address | <input type="text"/> ----- <input type="text" value="Postcode"/> | Phone | <input type="text" value="Home"/> ----- <input type="text" value="Mobile"/> | | |
| Email | <input type="text"/> | | | | |
| New Address (if moving to a new locality) | <input type="text"/> ----- <input type="text" value="Postcode"/> | Phone | <input type="text" value="Home"/> ----- <input type="text" value="Mobile"/> | | |

Previous Operator information

_____ has been participating in The Award program at _____
Participant's name Previous operator

_____ and I give consent for their transfer to _____
New operator

| | | | |
|--------------------|----------------------|--------------|----------------------|
| Coordinator's name | <input type="text"/> | Signature | <input type="text"/> |
| Work phone | <input type="text"/> | Mobile phone | <input type="text"/> |
| Email | <input type="text"/> | | |
| | | Date | <input type="text"/> |

New Operator information

I consent to _____ transferring their Award Registration to _____
Participant's name New operator

| | | | |
|--------------------|----------------------|--------------|----------------------|
| Coordinator's name | <input type="text"/> | Signature | <input type="text"/> |
| Work phone | <input type="text"/> | Mobile phone | <input type="text"/> |
| Email | <input type="text"/> | | |
| | | Date | <input type="text"/> |



Please complete this form and return to the NSW State Office:

Fax: (02) 9006 3781
Email: info@dsr.nsw.gov.au
Mail: Duke of Edinburgh's Award NSW
Locked Bag 1422, Silverwater NSW 2128

For more information
13 13 02
info@dsr.nsw.gov.au

