

PARTICIPANT'S AWARD PLAN

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

NAME _____

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 EDUCATION/FITNESS / SKILL / VOLUNTEERING

PHYSICAL EDUCATION/FITNESS

PHYSICAL RECREATION/FITNESS CHOSEN _____

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

GOAL/PURPOSE _____

ORGANISATION INVOLVED _____

INSTRUCTOR/ASSESSOR NAME _____

PHONE (W) _____ PHONE (M) _____ EMAIL _____

ACTIVITY EXPERIENCE/QUALIFICATION _____

COORDINATOR USE ONLY

CHILD PROTECTION REQUIREMENTS MET

VOLUNTEER CODE OF CONDUCT AGREED TO

SKILL

SKILL CHOSEN _____

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

GOAL/PURPOSE _____

ORGANISATION INVOLVED _____

INSTRUCTOR/ASSESSOR NAME _____

PHONE (W) _____ PHONE (M) _____ EMAIL _____

ACTIVITY EXPERIENCE/QUALIFICATION _____

COORDINATOR USE ONLY

CHILD PROTECTION REQUIREMENTS MET

VOLUNTEER CODE OF CONDUCT AGREED TO

VOLUNTEERING

VOLUNTEERING CHOSEN

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

GOAL/PURPOSE

ORGANISATION INVOLVED

INSTRUCTOR/ASSESSOR NAME

PHONE (W) PHONE (M) EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

COORDINATOR USE ONLY

CHILD PROTECTION REQUIREMENTS MET

VOLUNTEER CODE OF CONDUCT AGREED TO

ADVENTUROUS JOURNEY

ORGANISATION INVOLVED

INSTRUCTOR/ASSESSOR NAME

PHONE (W) PHONE (M) EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

COORDINATOR USE ONLY

CHILD PROTECTION REQUIREMENTS MET

VOLUNTEER CODE OF CONDUCT AGREED TO

RESIDENTIAL PROJECT (GOLD LEVEL ONLY)

PROJECT CHOSEN

ORGANISATION THROUGH WHICH YOU WILL BE DOING YOUR PROJECT

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

GOAL/PURPOSE

INSTRUCTOR/ASSESSOR NAME

PHONE (W) PHONE (M) EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

COORDINATOR USE ONLY

CHILD PROTECTION REQUIREMENTS MET

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 Instructor or Assessor chosen by the Participant who is not an employee of the Licensed Operator is qualified to instruct, supervise or assess the relevant Section of The Award program.

PARENT/GUARDIAN NAME

CONTACT NUMBER EMAIL

PARENTS SIGNATURE DATE / /

PARTICIPANT SHOULD RETAIN A COPY

COORDINATOR USE ONLY

COORDINATORS SIGNATURE DATE / /