

PARTICIPANT'S AWARD PLAN



TO BE COMPLETED AND RETURNED TO YOUR COORDINATOR (AWARD LEADER). PARTICIPANT TO RETAIN A COPY.

NOTE: ASSESSORS MAY BE CONTACTED & CONFIRMED BY THE COORDINATOR

PLAN SHEET NO. & DATE

WHICH LEVEL ARE YOU ATTEMPTING (PLEASE CIRCLE) BRONZE / SILVER / GOLD

NAME

ADDRESS

POSTCODE

PHONE (H)

PHONE (M)

EMAIL

NEXT OF KIN

PHONE (M)

PHONE (W) OR EMAIL

DATE OF BIRTH

RECORD BOOK NO.

DATE COMMENCED / /

PHYSICAL RECREATION

ACTIVITY(S) CHOSEN

ORGANISATION THROUGH WHICH YOU WILL BE DOING YOUR ACTIVITY AND/OR RECEIVING INSTRUCTION

DATE COMMENCED / /

DATE COMPLETED / /

GOAL/PURPOSE

INSTRUCTOR/ASSESSOR NAME

PHONE (W)

PHONE (M)

EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

PREVIOUS DEA EXPERIENCE

SIGNED CODE OF CONDUCT

SKILL

SKILL(S) CHOSEN

ORGANISATION(S) THROUGH WHICH YOU WILL BE DONG YOUR SKILL OR RECEIVING INSTRUCTION

DATE COMMENCED / /

DATE COMPLETED / /

GOAL/PURPOSE

INSTRUCTOR/ASSESSOR NAME

PHONE (W)

PHONE (M)

EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

PREVIOUS DEA EXPERIENCE

SIGNED CODE OF CONDUCT

PARTICIPANT'S AWARD PLAN

SERVICE

SERVICE CHOSEN

ORGANISATION THROUGH WHICH YOU WILL BE PROVIDING SERVICE AND/OR RECEIVING TRAINING

DATE COMMENCED / /

DATE COMPLETED / /

GOAL/PURPOSE

INSTRUCTOR/ASSESSOR NAME

PHONE (W)

PHONE (M)

EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

PREVIOUS DEA EXPERIENCE

SIGNED CODE OF CONDUCT

ADVENTUROUS JOURNEY

ADVENTUROUS JOURNEY CHOSEN

HOW WILL YOUR TRAINING AND PRACTICE JOURNEY(S) BE ARRANGED

DATE FINAL / /

DATE COMPLETED / /

GOAL/PURPOSE

INSTRUCTOR/ASSESSOR NAME

PHONE (W)

PHONE (M)

EMAIL

ACTIVITY EXPERIENCE/QUALIFICATION

PREVIOUS DEA EXPERIENCE

SIGNED CODE OF CONDUCT

RESIDENTIAL PROJECT [GOLD LEVEL ONLY]

PROJECT

WHICH ORGANISATION/WHERE

DATE PREPARED / /

PARTICIPANT'S SIGNATURE

COORDINATOR'S SIGNATURE

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'S NAME

SIGNATURE

DATE / /