

NSW PARTICIPANT AWARD PLAN

TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER.
NOTE: Assessors may be contacted and confirmed by the Award Leader.

First Name Last Name Date Of Birth / /

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) Skill / Service / Physical Recreation

SKILL

Activity Chosen Skill Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Skill Section of their Duke of Ed
- I have read the **NSW Assessor Commencement Guide** and completed page 6 (for return to the Participant's Award Leader)

Assessor Signature Date / /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

- Is suitably qualified and experienced to assess this activity
- Has completed and returned a Duke of Ed **Volunteer**
- Code of Conduct**
- Has met NSW Child Protection requirements

SERVICE

Activity Chosen Service Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Service Section of their Duke of Ed
- I have read the **NSW Assessor Commencement Guide** and completed page 6 (for return to the Participant's Award Leader)

Assessor Signature Date / /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

- Is suitably qualified and experienced to assess this activity
- Has completed and returned a Duke of Ed **Volunteer**
- Code of Conduct**
- Has met NSW Child Protection requirements

PHYSICAL RECREATION

Activity Chosen Physical Recreation Organisation

Goal/purpose

Assessor Name Assessor Organisation

Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the Physical Recreation Section of their Duke of Ed
- I have read the **NSW Assessor Commencement Guide** and completed page 6 (for return to the Participant's Award Leader)

Assessor Signature Date / /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

- Is suitably qualified and experienced to assess this activity
- Has completed and returned a Duke of Ed **Volunteer**
- Code of Conduct**
- Has met NSW Child Protection requirements

ADVENTUROUS JOURNEY (AJ)

Activity Chosen AJ Organisation
Goal/purpose
Assessor Name Assessor Organisation
Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the AJ Section of their Duke of Ed
 I have read the **NSW Assessor Commencement Guide** and completed page 6 (for return to the Participant's Award Leader)

Assessor Signature

Date

 / /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

Is suitably qualified and experienced to assess this activity

Has completed and returned a Duke of Ed **Volunteer**

Code of Conduct

Has met NSW Child Protection requirements

RESIDENTIAL PROJECT (GOLD LEVEL ONLY)

Activity Chosen Residential Organisation
Goal/purpose
Assessor Name Assessor Organisation
Experience/qualification(s)

FOR ASSESSOR TO COMPLETE:

- I agree to assess this Participant for the AJ Section of their Duke of Ed
 I have read the **NSW Assessor Commencement Guide** and completed page 6 (for return to the Participant's Award Leader)

Assessor Signature

Date

 / /

ASSESSOR CHECK (Award Leader Use)

The Assessor:

Is suitably qualified and experienced to assess this activity

Has completed and returned a Duke of Ed **Volunteer**

Code of Conduct

Has met NSW Child Protection requirements

PARTICIPANT SIGNATURE

DATE / /

TO BE COMPLETED BY PARENT/CARER OF PARTICIPANTS AGED UNDER 18 YEARS. I understand that my child cannot commence any particular Section of The Duke of Ed until: I have satisfied myself that any Volunteer# nominated by the Participant, who is not an employee of the Award Unit is suitably experienced and/or qualified to instruct/supervise/assess that Section of The Duke of Ed; and until any relevant Volunteers have completed and returned required documentation to the Duke of Ed Award Unit.

I will also ensure that my child or I, notify the Award Unit if an Assessor who is NOT already listed on this **Plan** is intending to undertake Duke of Ed activities with my child (ie a listed Assessor changes or an Assessor not yet listed intends to undertake Duke of Ed activities with my child).

PARENT/GUARDIAN NAME

CONTACT NUMBER

EMAIL

PARENT/GUARDIAN SIGNATURE

DATE / /

REMEMBER, you also need to give your formal parent/guardian consent either by:

- completing and signing the Parent/Guardian Consent – Section 2 of the **Participant Application Form – Under 18**, available at: dukeofed.com.au

OR

- responding to the email sent to you if your child requested that you provide your consent online

THE PARTICIPANT/PARENT SHOULD RETAIN A COPY OF THIS SIGNED FORM. If you have questions regarding NSW Child Protection requirements please visit kidsguardian.nsw.gov.au, email check@kidsguardian.nsw.gov.au or call 9286 7219

#For the purposes of The Duke of Ed, a "Volunteer" means anyone over the age of 18 who assists with The Duke of Ed, either in a paid or unpaid capacity. This includes all Award Leaders, Assessors and Supervisors.

AWARD LEADER USE ONLY

AWARD LEADER SIGNATURE

DATE / /