

## **PARTICIPANT AWARD PLAN** TO BE COMPLETED AND RETURNED TO YOUR AWARD LEADER. NOTE: Assessors may be contacted and confirmed by the Award Leader. Date Of Birth First Name Last 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) Skill / Service / Physical Recreation **SKILL Activity Chosen Skill Organisation** Goal/purpose Assessor Name **Assessor Organisation** Experience/qualification(s) FOR ASSESSOR TO COMPLETE: **ASSESSOR CHECK** (Award Leader Use) I agree to assess this Participant for the Skill Section of their Duke of Ed The Assessor: I have read the **Assessor Commencement Guide** and signed the Is suitably qualified and experienced to assess this activity **Volunteer Code of Conduct** (to be returned to the Participant's Award Leader) Has completed and returned a Duke of Ed Volunteer **Code of Conduct Assessor Signature** Date Has met Child Protection requirements **SERVICE Activity Chosen Service Organisation** Goal/purpose Assessor Name **Assessor Organisation** Experience/qualification(s) FOR ASSESSOR TO COMPLETE: **ASSESSOR CHECK** (Award Leader Use) I agree to assess this Participant for the Service Section of their Duke of Ed The Assessor: I have read the **Assessor Commencement Guide** and signed the Is suitably qualified and experienced to assess this activity Volunteer Code of Conduct (to be returned to the Participant's Award Leader) Has completed and returned a Duke of Ed Volunteer **Code of Conduct** Date **Assessor Signature** Has met Child Protection requirements PHYSICAL RECREATION **Activity Chosen** Physical Recreation Organisation Goal/purpose Assessor Name **Assessor Organisation** Experience/qualification(s) FOR ASSESSOR TO COMPLETE: **ASSESSOR CHECK** (Award Leader Use) I agree to assess this Participant for the Physical Recreation Section of their The Assessor:

NAA Participant Award Plan

I have read the Assessor Commencement Guide and signed the

**Assessor Signature** 

Volunteer Code of Conduct (to be returned to the Participant's Award Leader)

**Code of Conduct** 

Is suitably qualified and experienced to assess this activity

Has completed and returned a Duke of Ed Volunteer

Has met Child Protection requirements

[ADVENTOROUS JOURNET (A))	ADVENTUROUS JOURNEY (AJ)	
Activity Chosen AJ Organisa	tion	
Goal/purpose A) Organisation		
Assessor Name Assessor Or Experience/qualification(s)	ganisation	
FOR ASSESSOR TO COMPLETE:	ASSESSOR CHECK (Award Leader Use)	
☐ I agree to assess this Participant for the AJ Section of their Duke of Ed☐ I have read the <b>Assessor Commencement Guide</b> and signed the	The Assessor:  Is suitably qualified and experienced to assess this activity	
Volunteer Code of Conduct (to be returned to the Participant's Award Leader)	Has completed and returned a Duke of Ed <b>Volunteer</b>	
Assessor Signature Date	Code of Conduct  Has met Child Protection requirements	
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RESIDENTIAL PROJECT (GOLD LEVEL ONLY)		
Activity Chosen Residential	Organisation	
Goal/purpose		
Assessor Name Assessor Or	ganisation	
Experience/qualification(s)	Samoution	
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	Has completed and returned a Duke of Ed <b>Volunteer</b> Code of Conduct	
Assessor Signature Date	Has met Child Protection requirements	
PARTICIPANT SIGNATURE		
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