

# 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](http://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](http://kidsguardian.nsw.gov.au), email [check@kidsguardian.nsw.gov.au](mailto: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 / /