



BRONZE AWARD SUBMISSION FORM

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Action	Date	Signature/Initials
Received & Logged		
Queried & Reply received		
Approved		
Data Entered		
Pin Mailed		
Certificate Mailed/Presented		
Other		
<p><i>*This space is for Divisional notes</i></p>		

This form is a fillable PDF. Please type information into fillable areas and then print before submitting.

Applicants please return this Application Form accompanied by your Record Book, your Expedition/Exploration/Other Adventurous Journey Report, and any other appropriate supporting materials to your leader or directly to the Provincial/Divisional office. Please ensure that all sections of this form are completed, and that all signatures are obtained before sending.

For Award Applicant

Date of Birth: _____ Age: _____
☐ Male
☐ Female
☐ Other

Applicant Name (as it will appear on your Award certificate):

Original Date of Entry in Bronze Level: _____

I would prefer my Certificate in: ☐ English ☐ French

I would like my certificate mailed to:

☐ Me ☐ My leader

First Name Middle Name and/or Initials Last Name

Applicant's Address and Contact Information:

Street Address City

Province Postal Code

Phone Number (home) Phone Number (cell)

Email address

Parent/Guardian Contact Information:

Name

Phone Number Email Address

Address (If different from Applicant's address)

I am moving on to the next level: ☐ Yes ☐ No

Next level form filled: ☐ Attached ☐ In Record Book

I completed my Bronze Award as a:

☐ Group Participant ☐ Independent Participant

If participating as part of a Group:

Group Name

Group Leader Name

Group Phone Number

Group Leader Email Address

Summary of Activities Undertaken at Bronze Level

All Bronze Participants: Indicate which activity you have selected as your **major emphasis** (additional 13 weeks):

☐ Service ☐ Skill ☐ Physical Recreation

Date of Completion of All Activities for Bronze Level: _____

Service Start date: _____ End Date: _____ # of Hours: _____

Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)

Activities completed (include any Training or certificate achieved, if any):

Skill Start date: _____ End Date: _____ # of Hours: _____

Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)

Skill Chosen: _____

Description of Skill and Progress:

Physical Recreation Start date: _____ End Date: _____ # of Hours: _____

Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)

Activities completed:

Adventurous Journey Please indicate which type of journey you have completed for this Award level:

☐ Expedition ☐ Exploration ☐ Adventurous Project (Formally Other Adventurous Journey)*

**Adventurous Projects require prior approval from your local Award office*

Start date: _____ End Date: _____ Duration: _____
(Number of days and number of hours per day)

Mode of travel: _____ Distance Covered: _____

Date of Provincial/Divisional Approval (For Explorations and Adventurous Projects): _____

(Note: Adventurous Projects are open to Award participants age 18 and over)

Description of journey and purpose:

Continue your Award Journey to the Next Level !

Personal Reflection (to be filled out by the Applicant only)

Please use this space to provide a brief personal profile (attach a separate document if more space is desired), to provide a personal outline of their experiences of The Award. Please list any interests, future plans, and indicate what your involvement in the Duke of Edinburgh's Award has meant to you. This information may be used for press releases and citations at the Award Ceremony.

Applicant Signatures and Waivers

The following certify that the information indicated in the pages above is accurate.

Applicant: _____
Signature Date

Group Leader (n/a if Independent): _____
Signature Date

I certify that the information indicated in the pages above, along with any photographs or attached documentation, may be used in future publications or website promotion of the Program (Sign if yes):

Applicant (or Parent/Guardian
if Applicant under 18 years): _____
Signature Date

Divisional Signatures

The following certify they have reviewed this application, and confirm that requirements for the Bronze Duke of Edinburgh's Award have been met

Divisional Assessment Committee: _____
Signature Date

Divisional Executive Director: _____
Signature Date

This form is not mandatory, it is only here to help you if you want to use it.



Bronze AWARD CHECKLIST For Award Submission

Applicant's Name: _____

Date of Birth: _____ Age: _____

Bronze Start Date: _____

Bronze Completion Date: _____

Are you registered as a:

☐ Group participant ☐ Independent participant

Group Leader Name: _____

Group Name: _____

Requirements	Applicant ✓	Leader ✓	✓	✓	✓	Award Standards Committee	Award Review Team:
Minimum completion age 14½ years						✓ = Approved X = Queried Reviewer comments below	Approved:
Minimum time spent - 26 weeks							Queried:
Additional Requirements for Bronze Level							Date:
For Direct Entry state Major emphasis (total of 26 weeks) in: _____							
Service							Committee Signature #1
Minimum amount of time - 13 weeks (26 if major)							
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							
Skill							Committee Signature #2
Minimum amount of time - 13 weeks (26 if major)							
Minimum number of hours - average 1 hr/week							
Shows challenge and improvement							
							Executive Director Signature
Signed and dated by Assessor							If Queried:
Physical Recreation							Returned
Minimum amount of time - 13 weeks (26 if major)							Approved? (yes/no)
Minimum number of hours - average 1 hr/week							Received Back
Signed and dated by Assessor							Date:
Adventurous Journey							Reassessed
Preliminary training and preparation completed							
Preliminary training and preparation signed and dated							
Outline of practice journey included							Committee Signature #1
Practice journey signed and dated							
Qualifying journey - 2 days, 1 night							
Distance travelled: _____ km Method of travel: _____							
Minimum 6 hours purposeful effort per day							Committee Signature #2
Report included (Explorations include research and results)							
Map with route shown, menu, and equipment list included							
Signed & dated by Assessor						Executive Director Signature	



REGISTERING FOR THE NEXT LEVEL

Would you like to move to the next level of The Award? ☐ YES ☐ NO

If yes, please complete the following registration form and include the \$30 registration fee and mail to your Division office when returning your completed record book for submission. Once your Award has been approved, you will be mailed your new record book.

YES! I would like to register for the next level of The Duke of Edinburgh's Award

Please indicate which level: ☐ SILVER ☐ GOLD

NAME: _____

CURRENT EMAIL: _____

CURRENT ADDRESS: _____

COMPLETION DATE: _____

☐ Independent ☐ Group

NAME OF DUKE OF ED GROUP: _____

NAME OF LEADER: _____

I have enclosed my \$30 dollar registration fee.

☐ Cheque or Money Order payable to The Duke of Edinburgh's Award.

Visa or MasterCard payments can be made by calling in to our office.

☐ Bill my group - I have permission from my leader.

☐ I am a Sponsored Youth sponsored by: _____

10 REASONS TO TAKE IT TO THE NEXT LEVEL

1. You've done it once, you can do it again!
2. You'll regret later after age 24 and it's too late, trust us.
3. Stand apart from the crowd, and get the most out of the post award value in your professional life.
4. Focus your next level on a new set of dreams and goals.
5. Because you can.
6. It's never too late (until age 24).
7. If you could do your Award over again, what would you do differently?
8. Your start date for the next level is the day after your last level was completed; you have probably completed most of the next level already!
9. Why not?
10. **Go for the Gold!**

