



GOLD 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):

 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)

Original Date of Entry in Gold Level: _____

Are you a Direct Entry Gold Participant? ☐ Yes ☐ No

I would prefer my Certificate in: ☐ English ☐ French

I would like my certificate mailed to:

☐ Me ☐ My leader ☐ Held for next Gold Ceremony

I completed my Gold 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 Gold Level

Date of Completion of All Activities for Gold Level: _____

Direct Entry Participants: Indicate which activity you have selected as your **major emphasis** (additional 26 weeks):

☐ Service ☐ Skill ☐ Physical Recreation

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

Note that Start and End dates must be at least 52 weeks apart. (78 weeks if direct entry '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 52 weeks apart. (78 weeks if direct entry '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 52 weeks apart. (78 weeks if direct entry '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:

Gold Project (Formally Residential Project) Start date: _____ End Date: _____ *Minimum 5 days / 4 nights away

Location: _____

Activities completed:

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 Gold 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.



Gold AWARD CHECKLIST For Award Submission

Applicant's Name: _____

Date of Birth: _____ Age: _____

Gold Start Date: _____

Gold 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 17 years (17½ for direct entry)						✓ = Approved X = Queried Reviewer comments below	Approved:
Minimum time spent - 52 weeks (76 weeks if direct entry)							Queried:
Additional Requirements for Gold Level							Date:
For Direct Entry state Major emphasis (total of 76 weeks) in: _____							
Gold Project (Residential Project) (Minimum 5 days/4 nights)							Committee Signature #1
Gold Project (Residential Project) signed and dated by Assessor							
Service							
Minimum amount of time - 52 weeks (76 if major)							
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							Executive Director Signature
Skill							
Minimum amount of time - 52 weeks (76 if major)							
Minimum number of hours - average 1 hr/week							If Queried:
Shows challenge and improvement							
Signed and dated by Assessor							
Physical Recreation							Returned
Minimum amount of time - 52 weeks (76 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							Committee Signature #1
Preliminary training and preparation signed and dated							
Outline of practice journey included							
Practice journey signed and dated						Committee Signature #2	
Qualifying journey - 4 days, 3 nights							
Distance travelled: _____ km Method of travel: _____							
Minimum 8 hours purposeful effort per day						Executive Director Signature	
Report included (Explorations include research and results)							
Map with route shown, menu, and equipment list included							
Signed & dated by Assessor							