



# SILVER AWARD SUBMISSION FORM

4086 Shelbourne Street Victoria  
British Columbia  
V8N 4P6  
Tel: 250.385.4232  
604.682-5543  
1.888.881.7788  
Fax: 250.385.1433  
bcyk@dukeofed.org

## For Provincial/Divisional Use Only

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 Silver Level: \_\_\_\_\_

**Are you a Direct Entry Silver Participant?** ☐ Yes ☐ No

**I would prefer my Certificate in:** ☐ English ☐ French

**I would like my certificate mailed to:**

☐ Me ☐ My leader ☐ Held for next Silver Ceremony

**I am moving on to the Gold Level:** ☐ Yes ☐ No

**Next level form filled:** ☐ Attached ☐ In Record Book

**I completed my Silver 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

**Date of Completion of All Activities for Silver 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 26 weeks apart. (52 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 26 weeks apart. (52 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 26 weeks apart. (52 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 Project): \_\_\_\_\_

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

Description of journey and purpose:

---

---

**Continue your Award Journey to the Gold 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 Silver 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.**



## Silver AWARD CHECKLIST For Award Submission

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Silver Start Date: \_\_\_\_\_

Silver 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 15½ years (16 for direct entry)						✓ = Approved X = Queried Reviewer comments below	Approved:
Minimum time spent - 26 weeks (52 weeks if direct entry)							Queried:
Additional Requirements for Silver Level							Date:
For Direct Entry state <b>Major emphasis (total of 52 weeks)</b> in:							
<b>Service</b>							Committee Signature #1
Minimum amount of time - 26 weeks (52 if major)							
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							
<b>Skill</b>							Committee Signature #2
Minimum amount of time - 26 weeks (52 if major)							
Minimum number of hours - average 1 hr/week							
Shows challenge and improvement							
							Executive Director Signature
Signed and dated by Assessor							If Queried:
<b>Physical Recreation</b>							Returned
Minimum amount of time - 26 weeks (52 if major)							Approved? (yes/no)
Minimum number of hours - average 1 hr/week							Received Back
Signed and dated by Assessor							Date:
<b>Adventurous Journey</b>							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 - 3 days, 2 nights							
Distance travelled: _____ km Method of travel: _____							
Minimum 7 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 GOLD level of The Duke of Edinburgh's Award ☐

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!**

