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V8N 4P6

SILVER AWARD SUBMISSION FORM

Action	Date	Signature/Initials
Received & Logged		
Queried & Reply received		
Approved		
Data Entered		
Pin Mailed		
Certificate Mailed/Presented		
Other		

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

	For Award	Applicant
Date of Birth: Age: Applicant Name (as it will appear on your Award certificate): First Name Middle Name and/or Initials Applicant's Address and Contact Information:	O Male Female Other	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
Street Address City Province Postal	Code	I am moving on to the Gold Level: OYes No Next level form filled: Attached In Record Book
Phone Number (home) Phone Nu	mber (cell)	Group Participant Independent Participant
Email address Parent/Guardian Contact Information:		Group Name
Name		Group Leader Name
Phone Number Email Address		Group Phone Number Group Leader Email Address
Address (If different from Applicant's address)		

	Summary of Activities U	ndertaken at Bronze Level
Date of Comple	etion of All Activities for Silver Level:	
Direct Entry Pa	rticipants: Indicate which activity you have selected	as your major emphasis (additional 26 weeks):
	\bigcirc Service \bigcirc Skill \bigcirc Physical Rec	reation
Service	Start date: End D Note that Start and End dates must be at least 26 v Activities completed (include any Training or certif	ate: # of Hours: veeks apart. (52 weeks if direct entry 'major' emphasis)
Skill	Start date: End Date: Note that Start and End dates must be at least 26 v	# of Hours: veeks apart. (52 weeks if direct entry 'major' emphasis)
	Skill Chosen:	
	Description of Skill and Progress:	
Physical Recreation	Start date: End Date:	# of Hours: veeks apart. (52 weeks if direct entry 'major' emphasis)
Adventurous Journey	* Adventurous Projects require prior approval from	ous Project (Formally Other Adventurous Journey)*
	Mode of travel:	
	Date of Provincial/Divisional Approval (For Explora (Note: Adventurous Projects are open to Award pa	
	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 photo	graphs or attached documentation, may be used
in future publications or website promotion	on 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 t have been met.	his application, and confirm that requir	rements for the Silver Duke of Edinburgh's Award
Divisional Assessment Committee:		
	Signature	Date
Divisional Executive Director:		Dete
	Signature	Date

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

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Silver AWARD CHECKLIST

For Award Submission

Applicant's Name: _____

Date of Birth: ______ Age: _____

Silver Start Date: _____

Silver Completion Date: _____

Are you registered as a:

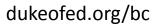
 \bigcirc Group participant \bigcirc Independent participant

Group Leader Name: _____

Group Name: ______

Requirements	Applicant √	Leader √	V	V	V	Award Standards Committee	Award Review Team:
Minimum completion age 15½ years (16 for direct entry)						v = Approved X = Queried Reviewer	Approved:
Minimum time spent - 26 weeks (52 weeks if direct entry)						comments below	Queried:
Additional Requirements for Silver Level							Date:
For Direct Entry state Major emphasis (total of 52 weeks) in:							
Service							
Minimum amount of time - 26 weeks (52 if major)							Committee Signature #1
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							
Skill							
Minimum amount of time - 26 weeks (52 if major)							Committee Signature #2
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 - 26 weeks (52 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 - 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

SILVER AWARD SUBMISSION FORM - 1/2016





REGISTERING FOR THE NEXT LEVEL

Would you like to move to the next level of The Award?YESNOIf 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!

