

SILVER AWARD APPLICATION FORM



**THE
DUKE OF EDINBURGH'S
AWARD**
Young Canadians Challenge

Provincial/Divisional office
address:

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FOR PROVINCIAL/DIVISIONAL OFFICE USE ONLY					
	<i>Date</i>		<i>Initial</i>		
Received					
Logged					
Queried					
Reply received					
Approved					
Data entered					
Pin mailed					
	<i>Ceremony</i>	<i>Invit'n sent</i>	<i>Reply Y/N</i>	<i>Presented</i>	<i>No show</i>
C-1					
C-2					
C-3					
Other					
Certificate mailed					

Return this Application Form accompanied by your RECORD BOOK, your expedition/exploration/ adventurous project LOG-BOOK, and any other records or supporting material to your leader or directly to the Provincial/Divisional office.

Please ensure: (a) that all sections of this form are completed, (b) that all signatures are obtained and, (c) that you type or print your name on this form in the manner that you wish it to appear on your certificate.

Applicant's Name: _____
Surname First Name Middle Name and/or Initials

Applicant's Permanent Mailing Address: _____

Applicant's Email Address: _____
Postal Code

Date of Birth: _____ Age: ____ M/F ____ Tel: (Res) _____ (Bus) _____
D / M / Y

Parents' / Guardians' Name: _____

Parents' / Guardians' Address: _____

Postal Code Tel: (Res) _____ (Bus) _____

Leader's Name: _____

Leader's Address: _____

Postal Code Tel: (Res) _____ (Bus) _____

Leader's Email Address: _____ Name of Group or Independent: _____

Preferences: (a) Certificate in English/French (E/F) _____

Original date of entry into the programme _____

Direct entry Silver: YES NO

Completion dates (as applicable):

Bronze _____ Silver _____

SUMMARY OF ACTIVITIES UNDERTAKEN AT THE SILVER LEVEL

(Dates must agree with the dates in your Record Book):

1. SERVICE:

Date started: _____ Date completed: _____

Total number of hours: _____

Training (Certificate or level achieved): _____

Practical Service performed: _____

2. EXPEDITION / EXPLORATION / ADVENTUROUS PROJECT:

Expedition: Exploration: Adventurous Project:

Date started: _____ Date completed: _____

Distance covered: _____ Duration (number of nights out & hours per day): _____

Purpose of journey: _____

Method of travel (e.g. hike/bike/canoe) _____

Location: _____

Date of approval from Provincial/Divisional Director

(for explorations & adventurous projects only): _____

3. SKILL (hobby or special interest):

Date started: _____ Date completed: _____

Certificate, level, or degree of proficiency: _____

Describe activity: _____

4. FITNESS:

Date started: _____ Date completed: _____

Total number of hours: _____ Number of Weeks: _____

Activity(ies): _____

New activity(ies) not performed at the Bronze level: _____

PERSONAL SKETCH:

Applicant must use the space below (and over the page) to provide a brief personal sketch. List any interests, future plans, and indicate what your involvement in The Duke of Edinburgh's Award Young Canadians Challenge has meant to you. This profile is part of the application and must be filled out by the applicant. This information may be used for press releases and for citations at the Award Ceremony.

The following certify that the above information is accurate:

Applicant:

Signature *Date*

Group Leader (n/a if Independent):

Signature *Date*

The following certify that they have reviewed the contents of this application, and confirm that all the requirements for the Gold level of The Duke of Edinburgh's Award Young Canadians Challenge have been met.

**For the Provincial/Divisional
Assessment Committee**

Signature *Date*

Provincial/Divisional Director:

Signature *Date*

SILVER CHECKLIST

DIRECT ENTRY - YES/NO

Direct entry requirements in brackets ()

Applicant's Name _____
 Age _____
 Leader's Name _____
 Group Name _____

Bronze completion date _____
 Silver start date _____
 Silver completion date _____

<u>APPLICANT DETAILS</u>		Applicant check here √	Standards Committee √ √ √			Awards Standards Committee Check Here	DATE: _____	
			Minimum entry age for this Award	14 ½ YEARS* (15)				
Minimum time spent for this Award	6 MONTHS (12)					Signed – Committee #1		
<u>RECORD BOOK DETAILS</u>						DATE: _____		
<u>SERVICE</u>						Signed – Committee #2		
Minimum number of months	6 MONTHS (12)					DATE: _____		
Minimum number of hours	30 HOURS (45)					Signed – Committee #3		
Signed & dated by assessor						APPROVED		
<u>EXPEDITION</u>						YES		
Expedition (prior approval not required)						NO		
Adventurous Project/Exploration**						IF NOT APPROVED		
**Prior approval required						RETURNED		
Basic Training Completed						REC'D BACK		
Basic Training signed and dated						REASSESSED		
Outline of Practice Journey						APPROVED		
Practice journey signed and dated	1 (1)					YES		
Number of days and nights out	3 DAYS / 2 NIGHT					NO		
Hours spent per day	7 HOURS					Signed – Provincial/Divisional Award Standards Committee		
Distance (see Record Book)								
Map, menu & equipment list included								
Log enclosed								
Signed & dated by assessor								
<u>SKILL (HOBBY)</u>								
Minimum number of months	6 MONTHS (12)							
Shows challenge and improvement								
Signed & dated by assessor								
<u>FITNESS</u>								
Minimum number of hours	40 HOURS							
Minimum number of weeks	20 WEEKS							
Signed & dated by assessor								

*BRONZE AWARD ACHIEVERS ONLY: Regardless of start age, you MUST continue your Silver Award until you are at least 15½ years. Only if you have completed the Bronze Award, may you begin the Silver Award before age 15.