



GOLD AWARD SUBMISSION FORM

The Duke of Edinburgh's Award in Canada



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Action	Date	Signature/Initials
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Certificate Mailed/Presented		
Other		
<i>*This space is for Divisional notes</i>		

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

Are you a Direct Entry Gold participant?
 Yes No

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

First Name Middle name and/or initials Last Name

Parent/Guardian Contact Information:

Name

Phone Number Email address

Applicant's Address and Contact Information:

Street Address City

Province Postal Code

Phone Number (home) Phone Number (cell)

Email address

Original Date of Entry into the Programme:

Would prefer Certificate in English or French

Would prefer Pin or Brooch

I would like my certificate mailed to:
 Me My leader Held for next Gold ceremony

Are you registered as:
 Group participant Independent participant

If participating as part of a Group:

Group Leader Name

Phone Number

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 Other Adventurous Journey*

**Other Adventurous Journeys 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 Other Adventurous Journeys): _____

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

Description of journey and purpose:

Residential Project

Start date: _____ End Date: _____ *Minimum 5 days/4 nights away

Location: _____

Description of project:

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

The Applicant may use this space to provide a brief personal profile (or 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 Programme (Sign if yes):

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

I give the Duke of Edinburgh's Award permission to contact me, and forward contact information to the Provincial Gold Award or Award Holder's Association for future reference (Sign if yes):

Applicant: _____
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*

