



BRONZE AWARD SUBMISSION FORM

The Duke of Edinburgh's Award in Canada



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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

Original Date of Entry: _____

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

Would prefer Certificate in English or French

First Name Middle name and/or initials Last Name

I would like my certificate mailed to:
 Me My leader

Parent/Guardian Contact Information:

Are you registered as:
 Group participant Independent participant

Name

If participating as part of a Group:

Phone Number Email address

Group Name

Applicant's Address and Contact Information:

Group Leader Name

Street Address City

Phone Number

Province Postal Code

Email Address

Phone Number (home) Phone Number (cell)

Email Address

Summary of Activities Undertaken at Bronze Level

All Bronze Participants: Indicate which activity you have selected as your **major emphasis** (additional 13 weeks):

Service Skill Physical Recreation

Date of Completion of All Activities for Bronze Level: _____

Service

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

Note that Start and End dates must be at least 13 weeks apart. (26 weeks for 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 13 weeks apart. (26 weeks for 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 13 weeks apart. (26 weeks for 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:

Continue your Award Journey

Continue your Award participation at the Silver Level!

If you would like to register for Silver, please fill out and send in the form contained in your Award booklet to your Division office, or contact your Division office for more information.

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

The Applicant may 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 Programme (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 Bronze Duke of Edinburgh's Award have been met.

Divisional Assessment Committee: _____
Signature *Date*

Divisional Executive Director: _____
Signature *Date*



Bronze AWARD CHECKLIST For Award Submission

Applicants please complete and include this form with your completed Bronze Award Submission Form.

Applicant's Name: _____
 Date of Birth: _____ Age: _____
 Bronze Start Date: _____
 Bronze Completion Date: _____

Are you registered as a:
 Group participant Independent participant
 Group Leader Name: _____
 Group Name: _____

Requirements	Applicant	V	Leader	V	V	V	V	Award Standards Committee	Award Review Team:
Minimum completion age 14½ years								V = Approved X = Queried Reviewer comments below	Approved: _____
Minimum time spent - 26 weeks									Queried: _____
Additional Requirements for Bronze Level									
For Direct Entry state Major emphasis (total of 26 weeks) in: _____									Date: _____
Service									
Minimum amount of time - 13 weeks (26 if major)									Committee Signature #1
Minimum number of hours - average 1 hr/week									Committee Signature #2
Signed and dated by Assessor									Executive Director Signature
Skill									If Queried:
Minimum amount of time - 13 weeks (26 if major)								Returned _____	
Minimum number of hours - average 1 hr/week								Approved? (yes/no) _____	
Shows challenge and improvement								Received Back _____	
Signed and dated by Assessor								Date: _____	
Physical Recreation									
Minimum amount of time - 13 weeks (26 if major)								Reassessed _____	
Minimum number of hours - average 1 hr/week								Committee Signature #1	
Signed and dated by Assessor								Committee Signature #2	
Adventurous Journey									
Preliminary training and preparation completed								Date: _____	
Preliminary training and preparation signed and dated								Reassessed _____	
Outline of practice journey included								Committee Signature #1	
Practice journey signed and dated								Committee Signature #2	
Qualifying journey - 2 days, 1 night								Date: _____	
Distance travelled: _____ km Method of travel: _____								Reassessed _____	
Minimum 6 hours purposeful effort per day								Committee Signature #1	
Report included [Explorations include research and results]								Committee Signature #2	
Map with route shown, menu, and equipment list included								Date: _____	
Signed & dated by Assessor								Executive Director Signature	