



# GOLD AWARD SUBMISSION FORM

## The Duke of Edinburgh's Award in Canada



The Duke of Edinburgh's International Award -  
Canada - Alberta, Northwest Territories and  
Nunavut Division

560-1201 5 St SW  
Calgary AB T2R 0Y6

abnwtu@dukeofed.org

For National Office Use Only		
Action	Date	Signature/Initials
Award Approved		
For Provincial/Divisional Use Only		
Received & Logged		
Queried & Reply received		
Approved		
Data Entered		
Pin Mailed		
Certificate Issued		
Other		
*This space is for Divisional notes		

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):

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### 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:

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### 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:

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### 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:

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### Residential Project

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

Location: \_\_\_\_\_

Description of project:

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### 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*



# GOLD AWARD CHECKLIST For Award Submission

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

Applicant's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gold Start Date: \_\_\_\_\_  
 Gold Completion Date: \_\_\_\_\_

Are you registered as a:  
 Group participant     Independent participant  
 Group Leader Name: \_\_\_\_\_  
 Group Name: \_\_\_\_\_  
 Are you:  Direct Entry     Continuing from Silver

Requirements	Applicant	Leader	V	V	V	Award Standards Committee	Award Review Team:
<b>Additional Requirements for Gold Level</b>						<b>V = Approved    X = Queried</b> Reviewer comments below	
For Direct Entry state <b>Major</b> emphasis (total of 76 weeks) in: _____							Approved: _____ Queried: _____ Date: _____
Residential Project (Minimum 5 days / 4 nights)							Committee Signature #1 _____
Residential Project signed and dated by Assessor							Committee Signature #2 _____
<b>Service</b>							Executive Director Signature _____
Minimum amount of time - 52 weeks (76 if major)							<b>If Queried:</b>
Minimum number of hours - average 1 hr/week							Returned _____
Signed and dated by Assessor							Approved? (yes/no) _____
<b>Skill</b>							Received Back _____
Minimum amount of time - 52 weeks (76 if major)							Date: _____
Minimum number of hours - average 1 hr/week							Reassessed _____
Shows challenge and improvement							Committee Signature #1 _____
Signed and dated by Assessor							Committee Signature #2 _____
<b>Physical Recreation</b>							Executive Director Signature _____
Minimum amount of time - 52 weeks (76 if major)							
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							
<b>Adventurous Journey</b>							
Preliminary training and preparation completed							
Preliminary training and preparation signed and dated							
Outline of practice journey included							
Practice journey signed and dated							
Qualifying journey - 4 days, 3 nights							
Distance travelled: _____ km Method of travel: _____							
Minimum 8 hours purposeful effort per day							
Report included [Explorations include research and results]							
Map with route shown, menu, and equipment lists included							
Signed & dated by Assessor							