



# GOLD AWARD SUBMISSION FORM

## The Duke of Edinburgh's Award in Canada



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For National Office Use Only		
Action	Date	Signature/Initials
<b>Award Approved</b>		
For Provincial/Divisional Use Only		
<b>Received &amp; Logged</b>		
<b>Queried &amp; Reply received</b>		
<b>Approved</b>		
<b>Data Entered</b>		
<b>Pin Mailed</b>		
<b>Certificate Mailed/Presented</b>		
<b>Other</b>		
*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):

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



## 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	✓	✓	✓	✓	Award Standards Committee	Award Review Team:
Minimum completion age 17 years (17½ for direct entry)							✓ = Approved X = Queried Reviewer comments below	Approved: _____
Minimum time spent - 52 weeks (76 weeks if direct entry)								Queried: _____
<b>Additional Requirements for Gold Level</b>								Date: _____
For Direct Entry state <b>Major</b> emphasis (total of 76 weeks) in: _____								
Residential Project (Minimum 5 days / 4 nights)								
Residential Project signed and dated by Assessor								Committee Signature #1
<b>Service</b>								
Minimum amount of time - 52 weeks (76 if major)								Committee Signature #2
Minimum number of hours - average 1 hr/week								
Signed and dated by Assessor								
<b>Skill</b>								
Minimum amount of time - 52 weeks (76 if major)								Executive Director Signature
Minimum number of hours - average 1 hr/week								<b>If Queried:</b>
Shows challenge and improvement								Returned _____
Signed and dated by Assessor								
<b>Physical Recreation</b>								
Minimum amount of time - 52 weeks (76 if major)								Approved? (yes/no) _____
Minimum number of hours - average 1 hr/week								Received Back _____
Signed and dated by Assessor								
<b>Adventurous Journey</b>								
Preliminary training and preparation completed								Date: _____
Preliminary training and preparation signed and dated								Reassessed _____
Outline of practice journey included								
Practice journey signed and dated								Committee Signature #1
Qualifying journey - 4 days, 3 nights								
Distance travelled: _____ km Method of travel: _____								Committee Signature #2
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								Executive Director Signature