



SILVER 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		
*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 Silver 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

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

Date of Completion of All Activities for Silver 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 26 weeks apart. (52 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 (26 weeks apart. (52 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 (26 weeks apart. (52 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:

Continue your Award Journey

Continue your Award participation at the Gold Level!

If you would like to register for Gold, 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 (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

Divisional Signatures

The following certify they have reviewed this application, and confirm that requirements for the Silver Duke of Edinburgh's Award have been met.

Divisional Assessment Committee: _____
Signature Date

Divisional Executive Director: _____
Signature Date



Silver AWARD CHECKLIST For Award Submission

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

Applicant's Name: _____

Date of Birth: _____ Age: _____

Silver Start Date: _____

Silver Completion Date: _____

Are you registered as a:
 Group participant Independent participant

Group Leader Name: _____

Group Name: _____

Are you: Direct Entry Continuing from Bronze

Requirements	Applicant	Leader	✓	✓	✓	Award Standards Committee	Award Review Team:
Minimum completion age 15½ years (16 for direct entry)						√ = Approved X = Queried Reviewer comments below	Approved: _____
Minimum time spent - 26 weeks (52 weeks if direct entry)							Queried: _____
Additional Requirements for Silver Level							Date: _____
For Direct Entry state Major emphasis (total of 52 weeks) in: _____							
Service							Committee Signature #1
Minimum amount of time - 26 weeks (52 if major)							
Minimum number of hours - average 1 hr/week							
Signed and dated by Assessor							Committee Signature #2
Skill							Executive Director Signature
Minimum amount of time - 26 weeks (52 if major)							If Queried:
Minimum number of hours - average 1 hr/week							Returned _____
Shows challenge and improvement							Approved? (yes/no) _____
Signed and dated by Assessor							Received Back _____
Physical Recreation							Date: _____
Minimum amount of time - 26 weeks (52 if major)							Reassessed _____
Minimum number of hours - average 1 hr/week							Committee Signature #1
Signed and dated by Assessor							Committee Signature #2
Adventurous Journey							Executive Director Signature
Preliminary training and preparation completed							
Preliminary training and preparation signed and dated							
Outline of practice journey included							
Practice journey signed and dated							
Qualifying journey - 3 days, 2 nights							
Distance travelled: _____ km Method of travel: _____							
Minimum 7 hours purposeful effort per day							
Report included (Explorations include research and results)							
Map with route shown, menu, and equipment list included							
Signed & dated by Assessor							