

## Gold Adventurous Journey Approval Form

This form can be used as part of your planning process at any level of the Award. However for Gold Qualifying journeys this form must be submitted to the National Office for approval at least six weeks prior to the journey taking place (twelve weeks if outside New Zealand).

All parts of this form must be completed – Tick the boxes and please use **BLOCK CAPITALS**

*The purpose of this form is to determine whether the trip and the participants meet The Duke of Edinburgh's Award assessment requirements. This is not an endorsement by the Award of your safe practice. You are still required to ensure your risk management procedures are adequate.*

Activity Provider: (e.g. the name of the Award Unit or Accredited Award Provider – the organisation delivering the Adventurous Journey Section)

\_\_\_\_\_

Name of person submitting the form. (This must be a representative of the Activity Provider)

\_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

Email address: \_\_\_\_\_

Name of Emergency Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

Please give name of the leader of the shadow party:

Name: \_\_\_\_\_

Please verify that this person will be physically tracking the group:

Yes

Email address: \_\_\_\_\_

Contact details during the journey (if known):

**The above named person is deemed competent to supervise the group under the Activity Provider's outdoor safety policies and procedures and has been provided with an Assessor Checklist.** Yes

**The Activity Provider named above accepts full responsibility for developing and implementing the safety guidelines for this activity and for ensuring adherence to all elements of best practice in its undertaking.** Yes

Nature of proposed journey:

Practice Journey  Qualifying Journey  Expedition  Exploration

Where will journey take place:

Country..... Area.....

Has the Award Office In this Country been notified? **Y / N** Name of person contacted. ....

Mode of Travel: Foot.....Cycle.....Canoe.....Sailing.....Rowing.....Riding.....

Award Level being undertaken: Bronze.....Silver.....Gold.....

**Purpose of Journey** (attach a separate sheet if necessary)

**Type of Report to be submitted** (oral, written etc)

**To be reviewed by (circle appropriate)**

Assessor    Supervisor    Instructor    Mentor

## Group Members (attach a separate sheet if necessary)

First Name	Surname	Sex M/F	Age at Date of Journey in years and months	Tick if under assessment	Home Telephone Number	Previous Awards Gained (B/S or Direct Entrant)	Tick if appropriate preliminary training has been completed prior to Practice and Qualifying Journey	Dates and Areas of Practice Journeys Undertaken

Please note that only Journeys on water may have 8 participants in a group

## Location Information (attach a separate sheet if necessary)

	Day & Date	Group Location	Grid Ref	Distance	Hours	Height Gained	Supervisor/Assessor Location	Grid Ref
Base								
Start								
Night 1								
Night 2								
Night 3								
Finish								
<b>Totals:</b>						<b>Topo 50 Map Sheets</b>		

**Declaration:** *(to be signed by the representative of the Activity Provider):*

I have read and accept the DofEIA Adventurous Journey requirements and confirm that they will be met whether for Practice(s) and/or Qualifying Journey. If Participant(s) Practice(s) were carried out through another Activity Provider, I confirm that I/We are satisfied that the appropriate signoff has taken place.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

**National Office Approval Number**

**Date Approved:**