

AWARD COMPLETION FORM

(To be filled by Award Leader in CAPITALS and submit to the Supervisor)

AF5

1. Award Centre

Award Centre		
Award Leader		
Tel (Office)	Tel (Mobile)	Email

2. Award Completion

Participants	Bronze	Silver	Gold	Total
Male				
Female				
Total				
Schedule date for Award Ceremony				
Venue of Award Ceremony				
Requirements from Award Office				

Form duly filled in and signed should be submitted to Supervisor. Supervisor needs to verify and ensure that all Participants are qualified as per the required Award Standard before forwarding same to the Award Office at least two weeks before the Award Ceremony.

Participants at Gold Level will be required to attend an Award Assessment Panel for qualifying for the Gold Award. This Panel will be set up by the Award Office and Participants will be inform accordingly.

Signature of Award Leader

Date / /

Signature of Head of Organisation

Date / /

(Seal of Organisation)

3. Office use

Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Reasons <input type="checkbox"/>	
Requirements / Remarks	
Name and signature of Officer	Date / /

AWARD COMPLETION LIST OF PARTICIPANTS

(To be filled by Award Leader in CAPITALS)

AF5A

1. Award Centre

Award Centre	
--------------	--

2. List of Participants (To be filled in CAPITALS as per birth certificate)

SN	Other Name	Surname	Tel
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Signature of Award Leader

Date / /