

# PARTICIPATION FORM FOR GOLD RESIDENTIAL PROJECT

(To be filled by Award Participant in CAPITALS and submit to Leader before the Journey)

**AF3**

Award Centre	
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## 1. Personal Details

Full Name			ORB Number	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /	Age	NIC	
Tel (Home)	Tel (Mobile)	Email		
Address:				
Health information (Please ✓ where applicable if you suffer from any health problem)				
a. Bronchitis <input type="checkbox"/>	b. Epileptic/Fit <input type="checkbox"/>	c. Asthma <input type="checkbox"/>	d. Diabetic <input type="checkbox"/>	e. Cardiac <input type="checkbox"/>
f. Pain (specify)		g. Other (specify)		
Name and phone number of Person to be contacted in case of emergency				

## 2. Gold Residential Project

Date of Gold Residential Project	
Campsite	
Day	Project activities
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	

## 3. Participant's Consent and Responsible Party's consent (For Participants below 18 years of age)

1. I agree to participate / the participation of my child (\*) in the Gold Residential Project mentioned at No2 and hereby certify that all information at No1 above is true and correct.

2. I understand that for safety and health and the smooth running of the Award activity, I / my child (\*) need to abide to all rules and regulations and instructions given by Award staff.

3. I undertake to inform the Award Leader of any changes in health of my child (\*) prior to the date of departure.

4. I authorise Officers of the Ministry, in the event of any accident, injury or illness or loss suffered whilst participating in the Gold Residential Project to obtain any necessary medical assistance or treatment.

Signature of Participant \_\_\_\_\_ Date / /

Name of Responsible Party \_\_\_\_\_ NIC \_\_\_\_\_ Tel \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date / /

\* Delete as appropriate

# AWARD CENTRE FORM FOR GOLD RESIDENTIAL PROJECT

**AF3A**

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

## 1. Award Centre

Award Centre			
Date of Gold Residential Project			
Award Leader			
Tel (Office)	Tel (Mobile)	Email	
Number of Participants	Male	Female	Total

## 2. Gold Residential Project

Campsite	
Day	Project activities
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	

## 3. Assessors

SN	Name	Tel
1		
2		
3		
4		
5		
6		

**Form duly filled in and signed should be submitted to Supervisors. Supervisors need to recommend the Gold Residential Project before forwarding same to the Award Office at least two weeks before the start of the Project for necessary approval.**

Signature of Award Leader

Date / /

Signature of Head of Organisation

Date / /

(Seal of Organisation)

## 4. Office use

Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Reasons <input type="checkbox"/>
Arrangement for Gold Residential Project
Ministry of Health <input type="checkbox"/> Mauritius Police Force <input type="checkbox"/> National Coast Guard <input type="checkbox"/> Owner of Land/Property as per itinerary <input type="checkbox"/>
Requirements / Remarks
Name and signature of Officer
Date / /

# GOLD RESIDENTIAL PROJECT LIST OF PARTICIPANTS

**AF3B**

(To be filled by Award Leader in CAPITALS)

## 1. Award Centre

Award Centre	
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## 2. List of Participants

SN	Full Name of Participant in CAPITALS	Tel of Responsible Party
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 / /

**License Holder – Ministry of Youth and Sports**

# GOLD RESIDENTIAL PROJECT ASSESSORS' REPORTS

(To be filled by Assessors in CAPITALS and submit to Supervisors at the end of the Journey)

**AF3C**

## 1. Award Centre

Award Centre	
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## 2. Gold Residential Project

Date of Gold Residential Project	From	To
Name of Award Leaders		
Tel (Mobile)		
Campsite		
Number of Participants	Male	Female
		Total

## 3. Daily Report

SN	Name of Participants	Day 1	Day 2	Day 3	Day 4	Day 5	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Name of Assessors

Signature of Assessors