

The Duke of Edinburgh's International Award -  
Mauritius  
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Mauritius

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## AWARD ASSESSOR / LEADER

(To be filled by Assessor / Leader in block letters and as per for birth certificate\*)

### 1. Award Unit

ORB Number:

First name*:		Surname*:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth: / / Age :	
Tel No (Home):	Tel No (Mobile):	Email:	
Address:			
NIC Number:		Occupation :	
Have you been a participant of the Award programme? (Tick as appropriate) Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state level achieved Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>	
<p>Health information: Please (√) where applicable if you suffer from any of the following health problems:</p> <p>a. Bronchitis <input type="checkbox"/>                      b. Epileptic / Fit <input type="checkbox"/>                      c. Asthma <input type="checkbox"/></p> <p>d. Diabetic <input type="checkbox"/>                                      e. Pain: Specify _____</p> <p>f. Cardiac <input type="checkbox"/>    g. Other: Specify _____</p>			
In case of emergency, person name and phone number to be contacted:			

### 2. CODE OF CONDUCT

As Award Assessor/ Leader (\*) of The Duke of Edinburgh's International Award – Mauritius, I hereby agree to:

- Support The Duke of Edinburgh's International Award – Mauritius in its strategic development and overall aims.
- Recognise the membership and commitment to The Duke of Edinburgh's International Award Association and uphold the Fundamental and Operational principles contained within its constitution.
- Be trained appropriately by the Award Office.
- Use the materials and resources of Award Office in a judicious and responsible manner and not to circulate same to any unauthorised person.
- Be compliant with Child Protection Guidelines and appropriate Health and Safety Legislations.
- Periodically review the value of my own performance in supporting the Award Office, to supportively review the mission, vision and performance of the Award Programme and help other members to do the same.
- Submit relevant and objective report on Participants
- Keep all information on participants confidential.
- I consent/do not consent (\*) that photographs/video taken during Award Activities may be used by the Award Office for promotional Purposes.

**Signature of Award Leader / Assessor:**

Date: / /

\* Delete as appropriate

**NOTE : FORM TO BE SUBMITTED ALONG WITH CERTIFICATE OF CHARACTER**