# AWARD PARTICIPATION FORM

(To be filled by Award Participant in CAPITALS and as per birth certificate*)

---

**Award Centre**

---

## 1. Personal Details

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Surname*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Date of Birth</th>
<th>Age</th>
<th>NIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tel (Home)</th>
<th>Tel (Mobile)</th>
<th>Email</th>
</tr>
</thead>
</table>

**Address:**

---

## 2. Involvement in Award

<table>
<thead>
<tr>
<th>What Award are you attempting to? (Tick as appropriate)</th>
<th>Have you already achieved an Award? (Tick as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze</td>
<td>Bronze</td>
</tr>
<tr>
<td>Silver</td>
<td>Silver</td>
</tr>
<tr>
<td>Gold</td>
<td>Gold</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Award Leader</th>
<th>Email of Award Leader</th>
</tr>
</thead>
</table>

---

## 3. Activities you will undertake for each section.

<table>
<thead>
<tr>
<th>Sections</th>
<th>Activity (One activity for each section)</th>
<th>Name of Assessor</th>
<th>Tel</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Recreation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adventurous Journey</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold Residential Project</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## 4. 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 activities of The Duke of Edinburgh’s International Award – Mauritius.

2. I consent / do not consent (*) that photographs / video taken during Award activities may be used by the Award Office for promotional purposes.

3. I consent / do not consent (*) to the participation in surveys that the Award conducts. I understand that all data collected will be processed and protected in compliance with the General Data Protection Regulation, 2018 (GDPR).

4. I understand that certain activities are considered high-risk and that high-risk activities may not be covered by the insurance arrangements of the Ministry. I understand that the responsibility for all risks arising from the Participant’s participation in the Award is placed solely upon the Participant.

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

6. I understand that the Award Office are committed to respecting our privacy. Personal information collected are only for the purpose of participating in the Award.

---

**Signature of Participant**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
</table>

**Name of Responsible Party**

<table>
<thead>
<tr>
<th>NIC</th>
<th>Tel</th>
</tr>
</thead>
</table>

**Signature of Responsible Party**

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
</tr>
</thead>
</table>