

## PARTICIPATION FORM FOR GOLD RESIDENTIAL PROJECT

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

**AF3**

Award Centre	ORB Number
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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



# GOLD RESIDENTIAL PROJECT LIST OF PARTICIPANTS

**AF3B**

(To be filled by Award Leader in CAPITALS)

## 1. Award Centre

Award Centre		ORB Number
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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 / /

# GOLD RESIDENTIAL PROJECT ASSESSORS' REPORTS

**AF3C**

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

## 1. Award Centre

Award Centre	ORB Number
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## 2. Gold Residential Project

Date of Gold Residential Project	From	To	
Name and Tel of Award Leaders			
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