

PARTICIPATION FORM FOR ADVENTUROUS JOURNEY

AF2

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

Award Centre	
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1. Personal Details

First Name*		Surname*	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / /	Age	NIC
Tel (Home)	Tel (Mobile)	Email	
Address:			
Health information (Please <input checked="" type="checkbox"/> 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. Covid-19 Vaccination: 1 st Dose <input type="checkbox"/> 2 nd Dose <input type="checkbox"/> 3 rd Dose <input type="checkbox"/> h. Other (specify) : _____			
Name and phone number of Person to be contacted in case of emergency			

2. Adventurous Journey

Date of Adventurous Journey		
Day	Itinerary	Campsite
Day 1		
Day 2		
Day 3		
Day 4		

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 Adventurous Journey 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 Adventurous Journey to obtain any necessary medical assistance or treatment.

5. I understand that the Ministry will ensure that all necessary sanitary measures (temperature check, provision of sanitisers etc) are observed. However, the Ministry will not be held liable/responsible in case my child is tested Covid-19 positive after the completion of the Adventurous Journey.

Signature of Participant _____ Date / /

Name of Responsible Party _____ NIC _____ Tel _____

Signature of Responsible Party _____ Date / /

* Delete as appropriate

AWARD CENTRE FORM FOR ADVENTUROUS JOURNEY

AF2A

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

1. Award Centre

Award Centre			
Date of Adventurous Journey			
Award Leader			
Tel (Office)	Tel (Mobile)	Email	

2. Number of Participants in each Level

Participant/Level	Bronze	Silver	Gold	Total
Male				
Female				
Total				

3. Adventurous Journey

Day	Itinerary	Campsite
Day 1		
Day 2		
Day 3		
Day 4		

4. Assessors

SN	Name	Tel (Mobile)
1		
2		
3		
4		
5		
6		
7		
8		

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

Signature of Award Leader

Date / /

Signature of Head of Organisation

Date / /

(Seal of Organisation)

5. Office use

Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> Reasons:
Arrangement for Adventurous Journey 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 / /

ADVENTUROUS JOURNEY LIST OF PARTICIPANTS

(To be filled by Award Leader in CAPITALS)

AF2B

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 / /

ROUTE CARD

(To be filled by Participants in CAPITALS and use one for each Journey day)

AF2C

1. Award Centre

Award Centre	
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2. Adventurous Journey

Bronze

Silver

Gold

Route Card (Use one per day)				Name of Group						Name of Group Members			
Day and Date of Venture		Type of Venture		Name of Group Leader									
				Tel (Mobile)									
Leg	Place with Grid Ref	Grid Ref	Distance in km	Height Climbed in m	Time allowed for leg	Time for stops for meals	Total time for leg	Estimated time of arrival	Setting out time	Brief details of route to be followed		Escape route	
	Start												
1	To												
2	To												
3	To												
4	To												
5	To												
6	To												
7	To												
8	To												
9	To												
10	To												
	Totals									Supervisor's Name			
										Tel (Mobile)			
Observations													

ADVENTUROUS JOURNEY ASSESSORS' REPORTS

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

AF2D

1. Award Centre

Award Centre		ORB Number
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2. Adventurous Journey

Date of Adventurous Journey	From	To	Level
Name of Award Leaders			
Tel (Mobile)			
Itinerary			
Number of Participants	Male	Female	Total

3. Daily Report

SN	Name of Participants	Day 1	Day 2	Day 3	Day 4	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