The Duke of Edinburgh's International Award - Mauritius Level 8, Citadelle Mall Port Louis Mauritius

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#### PARTICIPATION FORM FOR GOLD RESIDENTIAL PROJECT

AF3

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

Award	Centre						ORB Number	
1. Pers	sonal Det	ails						
Full nar	me						ORB Number	
Gender	Male 🗌 Fe	male 🗌	Date of Birth	/ /	Age	NIC		
Tel (Ho	me)		Tel (Mobile)		Email	•		
Address	S							
Health	information (F	lease √ w	here applicable if yo	ou suffer from an	ny health problem)			
a. Bron	chitis $\square$	b. E	oileptic/Fit	c. Asthma	a 🗆 d	. Diabetic	e. Cardiac	
f. Pain	(specify)			g.	Other (specify) _			_
Name a	and phone nu	mber of I	Person to be conta	acted in case o	of emergency			
2. Gol	d Resider	itial Pi	oject					
Date of	Gold Reside	ntial Proj	ect					
Camps	ite							
Day	Project activ	/ities						
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
3. Part	ticipant's	Conse	ent and Resp	onsible P	arty's conse	<b>nt</b> (For Participan	ts below 18 years of age	)
			participation of r		the Gold Reside	ntial Project ment	tioned at No2 and here	by
			and health and th tructions given by		ning of the Award	activity, <u>I / my chi</u>	i <u>ld (*)</u> need to abide to a	<i>II</i>
3. I und	lertake to info	rm the A	ward Leader of ar	ny changes in l	health <u>of my child</u>	(*) prior to the da	te of departure.	
			Ministry, in the evo				ered whilst participating	in
Signatu	ure of Participa	ant					Date / /	
Name o	of Responsib	le Party			NIC		Tel	
Signatu	ıre of Respon	sible Paı	ty				Date / /	
* Delete	as appropriate							



### AWARD CENTRE FORM FOR GOLD RESIDENTIAL PROJECT

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



1. Award	l Centre
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Award Cer	ntre					ORB Number
Award Lea	ıder					ORB Number
Tel (Office	)		Tel (Mobile)		Email	
Number of	Participar	nts Male	Ī	- emale	Total	
2. Gold I	 Resider	ntial Project				
Date of Ad						
Campsite						
Day P	roject activ	vities				
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
2 40000						
3. Asses						l <del>-</del>
SN Nam	<u>e</u>					Tel
2						
3						
4						
5						
6						
Residential necessary	l Project l approval.	before forwardin		d Office at least t	two weeks before	to recommend the Gold the start of the Project fo
Signature o	f Award Le	eader		Signature of He	ead of Organisation	
Date /	/			Date /	/	(Seal of Organisation)
4. Office	use					
Recomme	nded $\square$	Not recommen	ded   Reasons			
Arrangeme	ent for Gol	ld Residential Pro	ject			
Ministry of	Health [	Mauritius Polic	e Force  National	Coast Guard	Owner of Land/Pr	operty as per itinerary
Remarks:						
Name and	l sianature	of Officer				Date / /



# **GOLD RESIDENTIAL PROJECT LIST OF PARTICIPANTS**

(To be filled by Award Leader in CAPITALS)

Δ	F3	B
7		

1		Α	W	a	rd	Ce	nt	re
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Award Centre	ORB Number

### 2. List of Participants

SN 1	Full Name of Participant in CAPITALS	Tel of Responsible Party
1		
2		
3		
4		
4		
5		
6		
7		
8		
9		
40		
10		
11		
12		
13		
14		
15		
16		
47		
17		
18		
10		
19		
20		

Signature of Award Leader

Date / /



**ORB Number** 

## **GOLD RESIDENTIAL PROJECT ASSESSORS' REPORTS**

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



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	. /	┑	٧v	а	u	v	G		u	C

**Award Centre** 

2. Gold Residential Project										
Date of Gold Residential Proje	From				,	То				
Name and Tel of Award Lead	ers									
Campsite										
Number of Participants	Male				Fema	е		Total		
3. Daily Report										
1	l l			1			I			

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