



# BRONZE AWARD SUBMISSION FORM

## The Duke of Edinburgh's Award in Canada



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Action	Date	Signature/Initials
Received & Logged		
Queried & Reply received		
Approved		
Data Entered		
Pin Mailed		
Certificate Mailed/Presented		
Other		
*This space is for Divisional notes		

This form is a fillable PDF. Please type information into fillable areas and then print before submitting. Applicants please return this Application Form accompanied by your Record Book, your Expedition/Exploration/Other Adventurous Journey Report, and any other appropriate supporting materials to your leader or directly to the Provincial/Divisional office. Please ensure that all sections of this form are completed, and that all signatures are obtained before sending.

### For Award Applicant

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  
 Female

Applicant Name (as it will appear on your Award certificate):

\_\_\_\_\_  
First Name Middle name and/or initials Last Name

Parent/Guardian Contact Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number Email address

Applicant's Address and Contact Information:

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
Province Postal Code

\_\_\_\_\_  
Phone Number (home) Phone Number (cell)

\_\_\_\_\_  
Email Address

Original Date of Entry: \_\_\_\_\_

Would prefer Certificate in  English or  French

I would like my certificate mailed to:  
 Me  My leader  Held for next Bronze ceremony

Are you registered as:  
 Group participant  Independent participant

If participating as part of a Group:

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Group Leader Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Group Leader Address

## Summary of Activities Undertaken at Bronze Level

**All Bronze Participants:** Indicate which activity you have selected as your **major emphasis** (additional 13 weeks):

Service     Skill     Physical Recreation

**Date of Completion of All Activities for Bronze Level:** \_\_\_\_\_

### Service

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_

*Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)*

Activities completed (include any Training or certificate achieved, if any):

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### Skill

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_

*Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)*

Skill Chosen: \_\_\_\_\_

Description of Skill and Progress:

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### Physical Recreation

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ # of Hours: \_\_\_\_\_

*Note that Start and End dates must be at least 13 weeks apart. (26 weeks for major emphasis)*

Activities completed:

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### Adventurous Journey

Please indicate which type of journey you have completed for this Award level:

Expedition     Exploration     Other Adventurous Journey\*

*\*Other Adventurous Journeys require prior approval from your local Award office*

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_ Duration: \_\_\_\_\_

*(Number of days and number of hours per day)*

Mode of travel: \_\_\_\_\_ Distance Covered: \_\_\_\_\_

Date of Provincial/Divisional Approval (For Explorations and Other Adventurous Journeys): \_\_\_\_\_

*(Note: Other Adventurous Journeys are open to Award participants age 18 and over)*

Description of journey and purpose:

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## Continue your Award Journey

Continue your Award participation at the Silver Level!

If you would like to register for Silver, please fill out and send in the form contained in your Award booklet to your Division office, or contact your Division office for more information.

### Personal Reflection (to be filled out by the Applicant only)

The Applicant may use this space to provide a brief personal profile (attach a separate document if more space is desired), to provide a personal outline of their experiences of The Award. Please list any interests, future plans, and indicate what your involvement in the Duke of Edinburgh's Award has meant to you. This information may be used for press releases and citations at the Award Ceremony.

### Applicant Signatures and Waivers

The following certify that the information indicated in the pages above is accurate.

Applicant: \_\_\_\_\_  
*Signature* *Date*

Group Leader (n/a if Independent): \_\_\_\_\_  
*Signature* *Date*

I certify that the information indicated in the pages above, along with any photographs or attached documentation, may be used in future publications or website promotion of the Programme (Sign if yes):

Applicant (or Parent/Guardian if Applicant under 18 years): \_\_\_\_\_  
*Signature* *Date*

### Divisional Signatures

The following certify they have reviewed this application, and confirm that requirements for the Bronze Duke of Edinburgh's Award have been met.

Divisional Assessment Committee: \_\_\_\_\_  
*Signature* *Date*

Divisional Executive Director: \_\_\_\_\_  
*Signature* *Date*

