

Duke of Edinburgh's International Award

The Duke of Edinburgh's
International Award - Mauritius
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Mauritius

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AWARD PARTICIPATION FORM

AF1

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

Award Centre	
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1. Personal Details

First Name*

Surname*

Gender Male	Female	Date of Birth / /	Age	NIC
Tel (Home)	<input type="checkbox"/>	<input type="checkbox"/>	Tel (Mobile)	Email
Address:				
Health information (Please ✓ where applicable if you suffer from any health problem)				
a. Bronchitis	b. Epileptic/Fit	c. Asthma	d. Diabetic	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. Involvement in Award

What Award are you attempting to? (Tick as appropriate)	Award Leader
Bronze Silver Gold <input type="checkbox"/>	
Have you already achieved an Award? (Tick as appropriate)	Name
Bronze Silver	Email
	Signature

3. Activities you will undertake for each section.

Sections	Activity (One activity for each section)	Name of Assessor	Tel	Email
Voluntary Service				

Skills				
Physical Recreation				
Participant is also required to complete the Adventurous Journey Section at each Level and Participant at Gold Level is required to complete the Gold Residential Project				

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

Date / /

Name of Responsible Party

NIC

Tel

Signature of Responsible Party

Date / /

* Delete as appropriate