



THE DUKE OF EDINBURGH'S
HILLARY AWARD

Gold Adventurous Journey Approval Form

This form can be used as part of your planning process at any level of the Award. However for Gold Qualifying journeys this form must be submitted to the National Office for approval at least six weeks prior to the journey taking place (twelve weeks if outside New Zealand).

All parts of this form must be completed – Tick the boxes and please use **BLOCK CAPITALS**

The purpose of this form is to determine whether the trip and the participants meet The Duke of Edinburgh's Hillary Award assessment requirements. This is not an endorsement by the Award of your safe practice. You are still required to ensure your risk management procedures are adequate.

Activity Provider: (e.g. the name of the Award Unit or Accredited Award Provider – the organisation delivering the Adventurous Journey Section)

Name of person submitting the form. (This must be a representative of the Activity Provider)

Contact Phone Number(s): _____ (Daytime) _____ (Evening)

Email address: _____

Name of Emergency Contact Person: _____

Address: _____

Email Address: _____

Contact Phone Number(s) _____ (Daytime) _____ (Evening)

Please give name and details of the leader of the shadow/assessor party:

Name: _____

Please verify that this person will be physically tracking the group: Yes ☐

Email address: _____

Contact Phone Number during the journey: _____

The above named person is deemed competent to supervise the group under the Activity Provider's outdoor safety policies and procedures and has been provided with an Assessor Checklist. Yes ☐

The Activity Provider named above accepts full responsibility for developing and implementing the safety guidelines for this activity and for ensuring adherence to all elements of best practice in its undertaking. Yes ☐

Nature of proposed journey:

Practice Journey ☐ Qualifying Journey ☐ Expedition ☐ Exploration ☐

Where will journey take place:

Country..... Area.....

Has the Award Office In this Country been notified? **Y / N** Name of person contacted.

Mode of Travel: Foot.....Cycle.....Canoe.....Sailing.....Rowing.....Riding.....

Award Level being undertaken: Bronze.....Silver.....Gold.....

Purpose of Journey (attach a separate sheet if necessary)

Type of Report to be submitted (oral, written etc)

To be reviewed by (circle appropriate)

Assessor Supervisor Instructor Mentor

Group Members (attach a separate sheet if necessary)

First Name	Surname	Sex M/F	Age at Date of Journey in years and months	Tick if under assessment	Home Telephone Number	Previous Awards Gained (B/S or Direct Entrant)	Tick if appropriate preliminary training has been completed prior to Practice and Qualifying Journey	Dates and Areas of Practice Journeys Undertaken

Location Information (attach a separate sheet if necessary)

	Day & Date		Group Location	Grid Ref	Distance	Hours	Height Gained	Supervisor/Assessor Location	Grid Ref
Base									
Start									
Night 1									
Night 2									
Night 3									
Finish									
				Totals:			Map Sheets (if known)		

Checklist: This is not a comprehensive list; it is a prompt.

The nearest DOC office will be contacted to check track conditions and estimated times?	Yes	No	Parents/guardians of the group members will be informed of the emergency contact person's address and phone number?	Yes	No
Each participant will be fully equipped with appropriate clothing and one full day's emergency food?	Yes	No	First Aid and Safety Equipment and Food lists and menus have been checked	Yes	No
An alternative plan is in place in the event of bad weather?	Yes	No	Risk Management / Safety Plans have been completed to your organisation's requirements?	Yes	No

Declaration: <i>(to be signed by the representative of the Activity Provider):</i> I have read and accept the DofEHA Adventurous Journey requirements and confirm that they will be met whether for Practice(s) and/or Qualifying Journey. If Participant(s) Practice(s) were carried out through another Activity Provider, I confirm that the appropriate signoff has taken place. Signed: _____ Date: _____ Name: _____ Position Held: _____		National Office Approval Number Date Approved:
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