

Participant Name: _____

Award Unit : _____

BRONZE RECORD BOOK

YOUR LOG TO TRACKING YOUR DUKE OF ED ACTIVITIES



INTRODUCTION

Congratulations on starting your Bronze Award. This is your Bronze Record Book where you will track and log all of your activities and hours as you complete your journey to achieving the Duke of Ed Award.

The following pages contain the Record Keeping part of your Participant Handbook. It is to be used to record your progress through your Duke of Ed experience. If you have any questions, contact your local Award Office.

As you undertake your Award Journey, remember to bring these sheets with you to your activities so your Assessors can sign off.

On the next page you will find a progress checklist and helpful tips to keep in mind when completing your Bronze Award. Good luck!

PARTICIPANT INFORMATION

Participant Name (Please Print): _____

Address: _____

Postal Code: _____

Phone Number: _____

Email: _____

Date of Birth: _____
(MM/DD/YYYY)

Award Unit Name (if any): _____

Award Leader Name: _____

Award Leader email: _____

Provincial / Divisional Duke of Ed Office: _____

BRONZE AWARD CHECK LIST

Use the form below to track your progress through the Award. For the Bronze level an additional 13 weeks is required in either Service, Skill or Physical Recreation. These extra weeks will be your Major. Please select below which Award section will be your Major.

	Requirements	Started	Completed	Major
Service:	13 or 26 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill:	13 or 26 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Recreation:	13 or 26 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adventurous Journey:				
Practice trip	1 full day out	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying trip	2 days 1 night out	<input type="checkbox"/>	<input type="checkbox"/>	

Award Start Date: _____ Award Completed Date: _____
MM / DD / YYYY MM / DD / YYYY

Date started logging activities: _____
MM / DD / YYYY

THINGS TO REMEMBER

- If you or your Assessor require additional room for filling in reports, you may attach a sheet to this log book. Please make sure to indicate which section the additional details are for.
- Remember to always bring these sheets with you when you complete your activities so your Assessor can sign off and initial that you completed the activities.
- Make sure you indicate which section will be your Major!
- Have fun! The Duke of Ed is your own personal challenge and journey!

TIPS FOR SUBMITTING YOUR COMPLETED BRONZE RECORD LOG

- You must download the Bronze Award submission form which can be found at www.dukeofed.org/resources and include it with your submission package when sending this completed Record Book to your local Award Office. Please refer to page 53-55 in your Participant Handbook for more details on what is required when submitting your Duke of Ed Award for approval.
- Once you have completed your Award and all of your logs are complete and have been signed off by your Assessor, mail (or drop off in person) your completed Record Book to your local Award office. See page 57 in your Participant Handbook for a list of offices.
- If you are going to continue on your Duke of Ed journey and challenge yourself to complete the Silver Award, be sure to include your registration and payment for the next level, when submitting your Bronze Award.

SECTION 1: SERVICE

Participants must complete a minimum of **13 weeks and 13 consistent hours (one hour per week)** or if this is your Bronze Major, a minimum of 26 weeks and 26 consistent hours (one hour per week).

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

List Service Activities: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

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

Total Hours: _____

Total Weeks: _____

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Give details of practical service given, training completed, any qualifications gained and general performance). If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has made a regular commitment, acquired the necessary understanding and, where applicable, taken part in introductory training.

Date: _____
(MM/DD/YYYY)

Signature: _____

RECORD KEEPING: SERVICE

(Aim to spend one hour per week minimum)

Pick a service activity or a variety of initiatives that interest you. Give meaningful, regular, practical service. Participants must complete a minimum of **13 weeks and 13 consistent hours (one hour per week)** or if Bronze Major, a minimum of **26 weeks and 26 consistent hours (one hour per week)**. Make a REAL contribution to others! **Challenge yourself to be a responsible, caring member of your community! Aim to spend one hour per week minimum.**

For more information, please refer to pages 12-13 in the Participant Handbook.

WEEK	DATE (MM/DD/YYYY)	HOURS	SERVICE PROVIDED TO	TYPE OF SERVICE	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>School</i>	<i>Food Bank Volunteer</i>	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

SECTION 1: BRONZE MAJOR

If the Service Section will be your Major, please track your additional 13 weeks below.

BRONZE MAJOR RECORD LOG – WEEKS 14-26					
WEEK	DATE (MM/DD/YYYY)	HOURS	SERVICE PROVIDED TO	TYPE OF SERVICE	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>School</i>	<i>Food Bank Volunteer</i>	
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

SECTION 2: PHYSICAL RECREATION

Participants must complete a minimum of **13 weeks and 13 consistent hours (one hour per week)** or if this is your Bronze Major, a minimum of 26 weeks and 26 consistent hours (one hour per week).

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

List Physical Rec Activities: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

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

Number of weeks: _____

Number of hours: _____

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Give details of practical service given, training completed, any qualifications gained and general performance). If more room is needed, please attach an additional page

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has shown an improvement in performance and has acquired a knowledge of rules, safety precautions and an appreciation of hazards involved.

Date: _____ Signature: _____
(MM/DD/YYYY)

RECORD KEEPING: PHYSICAL RECREATION

(Aim to spend one hour per week minimum)

Pick a physical activity, or several, that interest you. Set challenging, realistic goals to achieve. Demonstrate regular commitment, progress and improvement. You must complete a minimum of **13 weeks and 13 consistent hours (one hour per week)** or if Bronze Major, a minimum of 26 weeks and 26 consistent hours (one hour per week). **Challenge yourself to improve your performance and fitness! Aim to spend one hour per week minimum.**

For more information, please refer to pages 17-18 in the Participant Handbook.

WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Volleyball</i>	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

SECTION 2: BRONZE MAJOR

If the Physical Recreation Section will be your Major, please track your additional 13 weeks below.

BRONZE MAJOR RECORD LOG – WEEKS 14-26				
WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Volleyball</i>	
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				

SECTION 3: SKILL

Participants must complete a minimum of **13 weeks and 13 consistent hours (one hour per week)** or if this is your Bronze Major, a minimum of 26 weeks and 26 consistent hours (one hour per week).

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Skill Selected: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

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

Total number of weeks: _____ Total number of hours: _____

Goal: _____
I.E. CERTIFICATE OR SPECIAL QUALIFICATION, SPECIFIC TASK TO BE COMPLETED, ETC.

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

**Assessor's Report: (Give details of regular effort and improvement made).
If more room is needed, please attach an additional page**

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this Participant has shown individual progress and sustained interest and given a substantial commitment of voluntary time.

Date: _____
(MM/DD/YYYY)

Signature: _____

RECORD KEEPING: SKILL

(Aim to spend one hour per week minimum)

Pick one hobby or skill that interests you. **Remember it must be passive and non athletic in nature!** Set challenging, realistic goals to achieve. Demonstrate regular commitment, progress and improvement. Participants must complete **a minimum of 13 weeks and 13 consistent hours (one hour per week)** or if Bronze Major, a minimum of 26 weeks and 26 consistent hours (one hour per week). **Challenge yourself to improve your skills and widen your personal interests!**

For more information, please refer to pages 14-16 in the Participant Handbook.

WEEK	DATE (MM/DD/YYYY)	HOURS	Any special achievements or attainment of a goal (ie Photography: produced i-book or scrapbook)	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Mastered the G chord on guitar</i>	
1				
2				
3				
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7				
8				
9				
10				
11				
12				
13				

SECTION 3: BRONZE MAJOR

If the Skills Section will be your Major, please track your additional 13 weeks below.

BRONZE MAJOR RECORD LOG – WEEKS 14-26				
WEEK	DATE (MM/DD/YYYY)	HOURS	Any special achievements or attainment of a goal (ie Photography: produced i-book or scrapbook)	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Mastered the G chord on guitar</i>	
14				
15				
16				
17				
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19				
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22				
23				
24				
25				
26				

SECTION 4: ADVENTUROUS JOURNEY

For more information, please refer to pages 19-26 in the Participant Handbook.

PRELIMINARY TRAINING:

PRELIMINARY TRAINING MUST INCLUDE THE FOLLOWING:

SUBJECT	DATE COMPLETED	ASSESSOR'S SIGNATURE
a) Read Wilderness Code of Behaviour, understand impact of Journey	_____	_____
b) First Aid and emergency planning	_____	_____
c) Map reading, route planning	_____	_____
d) Compass work, navigation	_____	_____
e) Cooking (including menu planning, meal preparation)	_____	_____
f) Knowledge of equipment	_____	_____
g) Site selection	_____	_____
h) Competency in mode of travel (e.g. canoeing, cycling)	_____	_____
i) Any other training that would be appropriate to your expedition, including observation & recording skills, team building, leadership training	_____	_____

ADVENTUROUS JOURNEY REPORT

REPORTING

PRACTICE JOURNEY – An outline of the Practice Journey must be submitted with your application.

QUALIFYING JOURNEY – Your report must be submitted with your completed Record Book and Award submission form.

HELPFUL TIP WHEN WRITING REPORTS!!

When writing your report for your Adventurous Journey answer the basic questions outlined in the **“Guidelines for Reports of Expeditions, Explorations and Other Adventurous Journeys ”**.

These can be found can be found on page 26 of your Participant handbook.

PRACTICE JOURNEY:

Requires one full day of activities, but need not be overnight at Bronze. Conditions should approximate those anticipated for Qualifying Journey.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Activity: _____

Method of Travel (ie. Hike/Bike/Canoe): _____

Location: _____

Purpose: _____

Date Started: _____
(MM/DD/YYYY)

Date Completed: _____
(MM/DD/YYYY)

Was the Preliminary Training completed prior to the Practice Journey? Yes No

I have completed an outline of my Practice Journey: Yes No

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Comment on participant's venture and report)
If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that a satisfactory standard of training has been reached in the subjects listed in the Preliminary Training, that the Practice Journey has been completed and this Participant is properly equipped for the Qualifying Journey.

Date: _____
(MM/DD/YYYY)

Signature: _____

QUALIFYING JOURNEY:

Requires two full days of activities, including one night out. Must have a minimum of 6 hours of planned activities per day. Environment chosen can be familiar.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Activity: _____ Duration: _____
Number of days out: _____
Method of Travel (ie. Hike/Bike/Canoe): _____ Number of nights out: _____
Location: _____
Purpose: _____
Date Started: _____ Date Completed: _____
(MM/DD/YYYY) (MM/DD/YYYY)
Number of hours of planned activities per day: _____ (min. of 6 hrs/day required)
I have completed a report of my Qualifying Journey: Yes No

THE FOLLOWING SECTION IS TO BE FILLED OUT BY THE PARTICIPANT'S ASSESSOR:

Assessor's Report: (Comment on participant's venture and report)
If more room is needed, please attach an additional page.

Assessors Details:

Name of Assessor (Please Print): _____
Relationship to Participant: _____
Qualification or Experience: _____
Address: _____
Telephone: _____ Email: _____

It is certified that this Participant has met the requirements of a Qualifying Journey and that the journey presented a challenge in terms of physical effort and fulfillment of its preconceived purpose.

Date: _____ Signature: _____
(MM/DD/YYYY)

SECTION 5: ACHIEVEMENT RECORD

FOR OFFICIAL USE ONLY

This is to certify that: _____ has fully met all of the conditions and requirements in each section of the Award program and is now qualified for the following Duke of Ed Award:

BRONZE AWARD

Signature: _____

Position: _____

Award Completion Date: _____
(MM/DD/YYYY)