

Participant Name: _____

Award Unit: _____

GOLD RECORD BOOK

YOUR LOG TO TRACKING YOUR DUKE OF ED ACTIVITIES



INTRODUCTION

Congratulations on starting your Gold Award. This is your Gold 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 Gold Award. Good luck!

PARTICIPANT INFORMATION

Participant Name (Please Print): _____

Address : _____

Postal Code : _____

Telephone Number: _____

Email: _____

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

Award Unit Name (if any): _____

Award Leader Name: _____

Award Leader email: _____

Provincial / Divisional Duke of Ed Office: _____

GOLD AWARD CHECK LIST

Use the form below to track your progress through the Award. If you are a Direct Entrant to Gold (you didn't complete the Silver Award) an additional 26 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:	52 or 78 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill:	52 or 78 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Recreation:	52 or 78 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adventurous Journey:				
Practice trip	2 days 1 night	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying trip	4 days 3 nights out	<input type="checkbox"/>	<input type="checkbox"/>	
Gold Project:	5 days 4 nights	<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 GOLD RECORD LOG

- You must download the Gold 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.
- Congratulations on becoming a Duke of Edinburgh's International Award Alumni! Find out about our Alumni program at dukeofed.org/alumni. Stay in touch and be part of a group of amazing Alumni. Don't forget to mention your Gold Award in your university and job applications. To learn more about life after the Award and how to add it your CV and LinkedIn profile visit us online at www.dukeofed.org/life-after-the-award.

SECTION 1: SERVICE

Participants must complete a minimum of **52 weeks and 52 consistent hours (one hour per week)**. If you are a Direct Entrant to Gold and this is your Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required.

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 52 weeks apart. (78 weeks if direct entry '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: _____ Signature: _____
(MM/DD/YYYY)

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 52 weeks and 52 consistent hours (one hour per week)**. If this is your Gold Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required. 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>	
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SERVICE RECORD LOG – WEEKS 40-52

WEEK	DATE (MM/DD/YYYY)	HOURS	SERVICE PROVIDED TO	TYPE OF SERVICE	ASSESSOR'S SIGNATURE
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					

SECTION 1: GOLD MAJOR

If the Service Section will be your Major, please track your additional 26 weeks below

GOLD MAJOR RECORD LOG – WEEKS 53-78

WEEK	DATE (MM/DD/YYYY)	HOURS	SERVICE PROVIDED TO	TYPES OF SERVICE	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>School</i>	<i>Food Bank Volunteer</i>	
53					
54					
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56					
57					
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SECTION 2: PHYSICAL RECREATION

Participants must complete a minimum of **52 weeks and 52 consistent hours (one hour per week)**. If you are a Direct Entrant to Gold and this is your Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

List Physical Recreation Activities: _____

Date Started: _____
MM / DD / YYYY

Date Completed: _____
MM / DD / YYYY

Note that Start and End dates must be at least 52 weeks apart. (78 weeks if direct entry '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: _____
(MM/DD/YYYY)

Signature: _____

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. Participants must complete a **minimum of 52 weeks and 52 consistent hours (one hour per week)** or if this is your Gold Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required. **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				
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PHYSICAL RECREATION RECORD LOG – WEEKS 40-52				
WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
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52				

SECTION 2: GOLD MAJOR

If the Physical Recreation Section will be your Major, please track your additional 26 weeks below

GOLD MAJOR RECORD LOG – WEEKS 53-78				
WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Volleyball</i>	
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SECTION 3: SKILL

Participants must complete a minimum of **52 weeks and 52 consistent hours (one hour per week)**. If you are a Direct Entrant to Gold and this is your Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required.

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 52 weeks apart. (78 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 52 weeks and 52 consistent hours (one hour per week)** or if this is your Gold Major, a minimum of 78 weeks and 78 consistent hours (one hour per week) is required. **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
EG:	06/16/2017	1	Mastered the G chord on guitar	
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SKILL RECORD LOG – WEEKS 40-52				
WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
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52				

SECTION 3: GOLD MAJOR

If the Skill Section will be your Major, please track your additional 26 weeks below

GOLD MAJOR RECORD LOG – WEEKS 53-78				
WEEK	DATE (MM/DD/YYYY)	HOURS	ACTIVITIES	ASSESSOR'S SIGNATURE
<i>EG:</i>	<i>06/16/2017</i>	<i>1</i>	<i>Mastered the G chord on guitar</i>	
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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 RecordBook 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 on page 26 of your Participant Handbook.

PRACTICE JOURNEY:

One Practice Journey is required. Your Practice Journey must include one night out. Conditions should approximate those anticipated for the 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.

[Large empty box for Assessor's Report]

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 four full days of activities, including three nights out. Must have a minimum of 8 hours of planned activities per day. Environment chosen must be unfamiliar.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Activity: _____

Duration:

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

Number of days out _____

Number of nights out _____

Location: _____

Purpose: _____

Date Started: _____
(MM/DD/YYYY)

Date Completed: _____
(MM/DD/YYYY)

Number of hours of planned activities per day: _____ (min. of 8 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.**

[Large empty box for Assessor's Report]

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 6: GOLD PROJECT

Requires five full days (four nights away). Can be completed any time after registering in the Award Program as long as the Participant is 16 years old. For more information, please refer to pages 41-42 in the Participant Handbook.

THIS SECTION TO BE COMPLETED BY THE PARTICIPANT

Project Description or Name:

Location: _____

Date Started: _____ Date Completed: _____

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

Assessor's Report

(Comment on the following categories as they pertain to the participation of the Participant during the Gold Project.)

Personal Standards: _____

Relationship with Others: _____

Acceptance of Responsibility: _____

Initiative: _____

General Progress: _____

Other Comments: _____

Assessors Details:

Name of assessor (Please print): _____

Relationship to Participant: _____

Qualification or Experience: _____

Address: _____

Telephone: _____ Email: _____

It is certified that this participant has completed their Gold Project in the company of peers, the majority of whom are not their usual everyday companions, and that the above comments accurately reflect development during this stay.

Date: _____
(MM/DD/YYYY)

Signature: _____

SECTION 7: 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:

GOLD AWARD

Signature: _____

Position: _____

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