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**BOY'S DETAILS:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Form: \_\_\_\_\_ House: \_\_\_\_\_ Tutor: \_\_\_\_\_

Application for permission to count an adventurous journey  
 as part of the SGS Duke of Edinburgh Award Scheme

**Due date for return of this form to Ms Fin is Friday 7th June, 2019 (for hikes in July 2019)**

**SECTION A: CHECKLIST** (\*\*No applications to be accepted until all checklist boxes are ticked)

|   |                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | - Has your son signed up for the SGS DEAS scheme?<br>- Does Ms Fin have <u>all</u> signed paperwork (including External Volunteering)?<br>- Have you received an enrolment confirmation email from Ms Fin? | Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>Only proceed with application if ALL answers are <b>YES</b>                                                                                                           |
| B | <b>Current</b> DEAS Level                                                                                                                                                                                  | Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/><br><u>or</u> Direct Entrant Silver <input type="checkbox"/> Gold <input type="checkbox"/>                                                                                                                                                                   |
| C | Please note – you cannot apply for a hike in a higher level <u>until your previous level has been signed off and approved?</u><br>Is this hike for your current level ?                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> Only proceed with application if answer is <b>YES</b>                                                                                                                                                                                                                                            |
| D | Is this your <b>first</b> hike                                                                                                                                                                             | Yes <input type="checkbox"/> No <input type="checkbox"/> (If <b>no</b> please complete Section E)                                                                                                                                                                                                                                                         |
| E | - Last hike completed Level?<br>- Date your last hike was completed?<br>- What expedition level was last hike completed?                                                                                   | Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/><br>____/____/____ (completed)<br>Practice Journey <input type="checkbox"/> <u>or</u> Qualifying Journey <input type="checkbox"/><br>**All journeys must be the same type of activity for both Practice and Qualifying but must be over two different routes |
| F | Have you gone online and booked and paid for your son's hike directly with the Provider <b>BEFORE</b> you submit this form to Ms Fin by the due date each term?                                            | Yes <input type="checkbox"/> No <input type="checkbox"/> Only proceed with application if answer is <b>YES</b>                                                                                                                                                                                                                                            |

**SECTION B: HIKE APPLICATION**

This form must be signed, dated and returned to **Ms R.M. Fin, the DEAS Coordinator**, for formal written approval before any boy participates in any "adventurous journey".

I \_\_\_\_\_ request that my son \_\_\_\_\_  
 be given approval to take part in an adventurous journey organised and conducted by (*please tick*)

- The Collaroy Centre ☐
- Somerset Outdoor Learning Centre ☐
- NSW Sport and Recreation ☐
- Southbound Adventures ☐
- The Outdoor Education Group ☐
- Outward Bound ☐

for the purposes of the Duke of Edinburgh Award Scheme (DEAS).

**\*\* I confirm that I have already booked and paid for this hike ☐**

The details of the proposed Hike journey are as follows: (*Insert the required information*)

- Date(s): \_\_\_\_\_
- Location of Hike: \_\_\_\_\_
- **Hike/Level** applying for: Bronze ☐ Silver ☐ Gold ☐ (*Practice Journey ☐ and/or Qualifying Journey ☐*)

PTO ...../2

I understand and agree that:

- the journey will be entirely organised and conducted by the Centre and that Sydney Grammar School (the School) will not be involved; and
- the School has examined material concerning the general procedures of the Centre; and
- despite the precautions of the Centre, adventurous journeys carry inherent risks (including risks of becoming lost and of serious or life-threatening injury or misadventure); and
- I will do all that I can to see that all requirements of the Centre for provision of prior information, bringing of equipment and co-operation on the journey and other requirements will be fully met by me and by my son; and
- before allowing my son to take part in the journey I will check the detailed arrangements of the Centre for that journey myself; and
- I will satisfy myself that there is no health or other reason why my son should not take part in the journey; and
- written verification from the Centre of satisfactory participation must be received by Ms Fin before final crediting of the journey for the purposes of DEAS; and
- no credit will be given by the School for the purposes of DEAS for any journey not completed fully in accord with the details of date(s), area, route and level specified in this written request; and
- prior approval by Ms Fin is not effectively given until I receive a written response from her to this request.
- my son will be responsible for the post hike reports and submitting them for assessment.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_