




**YOUR DETAILS:** Please read the statement "Your Privacy" on page 2. Please complete all sections.

NAME							
HOME ADDRESS				POSTCODE			
PHONE		MOBILE		DATE OF BIRTH			
EMAIL				AGE			
LICENSED OPERATOR				GENDER (please circle)	Male	Female	
<i>(Name of Organisation/School)</i>							

**YOUR REGISTRATION:** Please select your Level of Entry and if desired a t-shirt, cap and/or bucket hat

LEVEL OF ENTRY (please tick)		LEVEL 1	LEVEL 2
<p><b>YOUR REGISTRATION FEE - \$22</b> - Includes registration, Record Book, insurance, all certificates and badges. (GST Inclusive)</p> <p><b>PLUS</b> (If you would like to purchase a t-shirt, cap or bucket hat. Please circle your selection, your size and colour preference)</p> <p>CAP - \$10 (including GST)    BUCKET HAT - \$10 (including GST)    T-SHIRT - \$10 (including GST)</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>Red only One size only</p> </div> <div style="text-align: center;">  <p>Green only</p> </div> <div style="text-align: center;"> <p>SIZE</p> <p>S- M</p> <p>M - L</p> </div> <div style="text-align: center;">  <p>SIZE</p> <p>S   M   L   XL   XXL</p> <p>COLOUR</p> <p>GREEN                  RED</p> </div> </div>			
<b>REGISTRATION FEE ENCLOSED</b>			\$
(Please do NOT send cash as the State Award Office will not accept responsibility for any loss)			
I have read, understood and agree to comply with the requirements and conditions of my participation in The Bridge Award as described in this form.			
(please tick) PARTICIPANT'S SIGNATURE		DATE	

<b>OFFICE USE ONLY:</b>		T-Shirt sent		Book sent	
Invoice No.		Cap sent		Start Date	
Receipt No.		Bucket Hat sent		Participant ID no.	

## PARTICIPANT DATA (VOLUNTARY)

This information is collected and used for statistical purposes only, to enable us to collect information for the purposes of improving The Bridge Award (The Award program) design, evaluation, access, delivery and equity. The provision of this information is voluntary.

Please  where appropriate.

<b>BACKGROUND - Do you identify with any of the following:</b>			
<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Torres Strait Islander
<input type="checkbox"/>	South Sea Islander	<input type="checkbox"/>	Other (Please specify): _____
		<input type="checkbox"/>	Non-English speaking background
<b>DAY ACTIVITIES</b>			
<input type="checkbox"/>	School	<input type="checkbox"/>	Tertiary (Uni/TAFE) Which Uni / TAFE _____
<input type="checkbox"/>	Employed	<input type="checkbox"/>	Unemployed <input type="checkbox"/> Participating in a youth justice program
<input type="checkbox"/>	Participating in an alternative education program	<input type="checkbox"/>	Other (Please specify) _____
<b>ARE YOU A PERSON</b>			
<input type="checkbox"/>	with an Intellectual Disability	If yes, please specify: _____	
<input type="checkbox"/>	with a Physical Disability	If yes, please specify: _____	
<input type="checkbox"/>	with a Mental Illness	If yes, please specify: _____	
<input type="checkbox"/>	with an impairment or long-term health condition?	If yes, please specify: _____	

### PRIVACY

The Department of Communities is collecting your personal information to determine your eligibility for 'The Duke of Edinburgh's Award' or 'The Bridge Award' programs.

Your personal information will only be accessed by authorised officers who may provide the information to award volunteers and organisations associated with The Duke of Edinburgh's Award program so they can process your application and deliver the programs.

Non-identifying statistical information may also be supplied to the National Award Authority of The Duke of Edinburgh's Award in Australia, a non-government organisation that oversees The Duke of Edinburgh's Award in Australia.

Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Information Privacy Principles described in the *Information Privacy Act 2009*. You can access your own personal information by contacting the Queensland State Award Office.

By signing this agreement I give my consent for the Department of Communities to provide access to my personal and organisational information to award volunteers and participants to facilitate the Award programs and maintain licensing agreements.

If you are an Independent Award participant we would also like to be able to send other relevant correspondence in order to assist me to undertake my Award activities.

Yes  No  Initial here: \_\_\_\_\_

### BLUE CARD

Under the Commission for Children and Young People and Child Guardian Act 2000 people working with children under 18 in certain categories of business or employment must undergo the Working With Children Check.

The Commission for Children and Young People and Child Guardian has determined that the Working With Children Check (blue card system) now applies to employees or volunteers associated with The Duke of Edinburgh's Award and The Bridge Award programs.

Employers and businesses providing regulated child-related services are also required to have a written child protection risk management strategy in place to protect children and young people from harm.

For more information on whether you are required to hold a blue card or develop and implement a child protection risk management strategy, please visit the Commission for Children and Young People and Child Guardian website at [www.bluecard.qld.gov.au](http://www.bluecard.qld.gov.au) or call The Blue Card Contact Centre on 1800 113 611 (free call).

## DEFINITIONS

**Area Award Committee** means a committee made up of a number of Involved People in a geographical area. The Area Award Committee has a number of functions, including approving plans and activities.

**Award program** means The Bridge Award.

**Involved Person** is anyone involved in award activities including Award Coordinators, staff, volunteers, and others who assist with Award program activities, but not including participants.

**Licensed Operator** means an organisation or person licensed by the State Award Office to deliver the Award program in Queensland.

**National Award Authority** means The Duke of Edinburgh's Award in Australia.

**Participant** means a person between the ages of 11 years 6 months and 13 who has been allocated a participant Identification Number by the State Award Office.

**Participant Registration Fee** means a fee set by the State Award Office from time to time, payable by participants for registration in the Award program.

**Personal Information** means information the participant gives to the State Award Office about him or herself in connection with the Award program, either on this form or at any time in the future.

**Record Book** means a book provided to participants in which activities and assessors' reports are recorded.

**State Award Office** means The Duke of Edinburgh's Award and The Bridge Award office in Queensland, ABN 38 872 506 567.

**Statistical Data** means the information collected on this form under the heading "Statistical Data".

## REQUIREMENTS AND CONDITIONS

### Agreement:

1. I have read and understand the different levels and requirements of the Award program set out in Schedule B1.
2. I understand every Licensed Operator has the discretion to accept or reject participants and proposed activities to be undertaken as part of the Award program.
3. If aged under 18 years, I understand the Licensed Operator will seek parental or guardian consent for my participation in the Award program.
4. I understand that I must be a participant prior to commencing activities in relation to the Award program. I understand I am not a participant until I am allocated a Participant Identification Number by the State Award Office.
5. I understand that on being allocated a Participant Identification Number, I will receive a Record Book. I confirm I will read the requirements of the Award program contained in the Record Book prior to commencing activities in relation to the Award program. I understand that the State Award Office has the discretion to determine whether the Award program requirements have been met and therefore whether a Bridge Level 1 or Level 2 Award should be issued.
6. I understand that the State Award Office has limited personal accident and public liability insurance which commences on the date of issue of the Record Book. If I am a Cadet, I am only covered by this insurance when undertaking specific activities that are not under the guidance of the Australian Defence Force Cadets.
7. I have read and understand that certain activities in the Special Exclusions set out in Schedule B2 are not covered by the insurance. I understand that:
  - the Licensed Operator may decide not to approve a proposed activity if it involves an activity that is not covered by the insurance, or may approve such an activity only when I produce evidence of other acceptable insurance;
  - if I choose to participate in activities that are not insured, my participation in these activities is at my own risk; and
  - if I am an Australian Defence Force Cadet, I have read and understand the arrangements that apply for Cadets set out in Schedule B2.
8. If I accept transport in a vehicle driven, ridden, flown, sailed etc by a participant or someone else who is not an Involved Person, I understand that it is my responsibility to ensure:
  - that the vehicle is roadworthy (or the equivalent for other types of transport) and insured for personal injury; and
  - where applicable, that the driver (or equivalent) holds an appropriate and valid driver's licence.
9. I authorise the Licensed Operator and any Involved People, in the event of any accident, injury, illness or loss suffered by me whilst participating in, or travelling to and from, any activities or functions related to the Award program, to obtain any necessary medical and related assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
10. I consent to pay all expenses incurred under clause 9.
11. I undertake to comply with the Award program requirements contained in the Record Book, the policies of the State Award Office (as amended from time to time) and requirements of the State Award Office and Licensed Operator in relation to the Award program. I understand that the Licensed Operator may withdraw its approval to my participation in the Award program if I do not comply.
12. I understand that authorised images and photos may be taken of me participating in certain activities related to the Award program. I consent to those images being used for promotional purposes.

**PARENTAL OR GUARDIAN CONSENT** This section must be completed for participants under 18 years of age.

I, \_\_\_\_\_  
(full name of parent or guardian)

of \_\_\_\_\_  
(address) State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ (the participant named in Page 1). I consent to him/her participating in The Bridge Award (the Award program) under the supervision of \_\_\_\_\_ (Licensed Operator) and undertaking activities to fulfil the requirements of the Award program.

**REQUIREMENTS AND CONDITIONS**

- 1 I have read and understand the requirements and conditions for my son/daughter's participation in The Bridge Award, as described in the schedules attached to this form.
- 2 I will satisfy myself that any instructor or assessor chosen by the Participant who is not an employee of the Licensed Operator is qualified to instruct, supervise or assess the relevant section of the Award Program. \*
- 3 I consent to the Licensed Operator and any other individuals, including volunteers, who are involved in or assist in organising the Award Program, transporting the Participant for the purpose of participating in activities or functions related to the Award Program, as required. I understand that the Licensed Operator will notify me in advance of when and where such travel will occur.
- 4 I understand that certain activities in the Special Excursions set out in schedule B2 are not covered by the QGIF insurance arrangements. I understand that the responsibility for all risks arising from the Participant's participation in Excluded Activities is placed solely upon the Participant.
- 5 I authorise the Licensed Operator and any other individuals who participate in, are involved in or assist in organising the Award Program, in the event of any accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to the Award Program, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
- 6 I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the Participant as a result of any such accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to the Award Program.
- 7 I consent to and understand that photographs may be taken of my son/daughter participating in certain activities related to the Award Program and such photographs may be used for promotional purposes.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Please refer to Blue Card section on previous page.

The Licensed Operator agrees to accept the abovementioned as a participant on the terms contained in this form.

Name of Licensed Operator organisation \_\_\_\_\_

Signed on behalf of Licensed Operator \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form and registration fee (and payment for t-shirt, cap or bucket hat if selected on page 1) to your Licensed Operator or the State Award Office (please make cheques payable to "The Duke of Edinburgh's Award").

The State Award Office's contact details are: The Bridge Award, GPO Box 919, BRISBANE Q 4001  
 Phone: 3008 8780  
 FREECALL: 1800 177 338  
 Website: [www.dukesaward.qld.gov.au](http://www.dukesaward.qld.gov.au)  
 e-mail: [gld.award.office@communities.qld.gov.au](mailto:gld.award.office@communities.qld.gov.au)