

P4 – Adventurous Journey Consent Form

NOTE:

- This form is **MANDATORY** and must be approved by the Award Leader prior to undertaking any Adventurous Journey.
- This form must be completed by every participant and be signed by their parent / guardian when a participant is under 18yrs.
- If an Adventurous Journey is cancelled, this form must be kept on record with the reasons for cancellation. In this instance, a new P4 must be completed and signed for the new Adventurous Journey being organised.

PARTICIPANT DETAILS			
NAME			
ADDRESS			
			POSTCODE
PHONE NUMBER	(H)	(W)	(M)
EMERGENCY CONTACT NAME			RELATIONSHIP TO PARTICIPANT
PHONE NUMBER	(H)	(W)	(M)

ADVENTUROUS JOURNEY DETAILS			
Please indicate the type of Adventurous Journey (AJ)		Urban* <input type="checkbox"/>	Outdoor <input type="checkbox"/>
*If this is an Urban AJ will an adult be accompanying the participants on the Journey?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
DATE/S OF JOURNEY	ADVENTUROUS JOURNEY SUPERVISOR		
LOCATION OF JOURNEY			
DAILY ACTIVITY (e.g. hiking, canoeing)			
AWARD LEVEL (ONE OR MORE)			
TYPE (PLEASE CIRCLE)	-	Expedition	Exploration
JOURNEY (PLEASE CIRCLE)	Preparation / Training	Practice	Adv. Project
		Qualifying	Mixture

Please submit this form to your Award Leader no less than **two (2) weeks** prior to the Adventurous Journey activity.

PARTICIPANT CONSENT	
I, am consenting to participate in the above Duke of Ed Adventurous Journey.	
<ul style="list-style-type: none"> • I understand that Duke of Ed activities on Adventurous Journeys may be physically, socially and emotionally demanding. They may include participation in outdoor activities conducted in remote or semi-remote bush areas. • I understand that certain risks and dangers will exist such as (but not limited to) loss or damage to personal property, injury or fatality. • I acknowledge that while the Adventurous Journey Supervisor (AJS) will make every reasonable effort to minimise risks, not all dangers associated with the activities can be foreseen. I accept the fact that, while the AJS's are skilled and experienced, they cannot guarantee my safety since some risks are beyond their control. • I have a personal responsibility to follow safety guidelines established by the AJS and I will inform them if I do not understand what is expected of me. I am aware that if I choose not to continue the activity for any reason I can discuss this with the AJS. I can expect the AJS to value my choice and encourage responsible decision-making. I understand that while every effort will be made to allow me to exit the activity, my choice cannot put other participants at risk. I understand that non-identifiable program evaluation data will be collected as part of the program. This data may be used in reports. • I am sufficiently fit to participate in this program. I agree to notify the AJS of any changes to my health and fitness, which may occur before, or during the AJ. Should I become ill or injured, I give my consent to the supervisor in-charge to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice. 	
Optional - I give consent for identifiable photos to be taken during the program and later used by the Award Unit / Queensland State Award Operating Authority for promotional purposes (please tick): YES <input type="checkbox"/> NO <input type="checkbox"/>	
SIGNATURE	DATE



P4 – Adventurous Journey Consent Form

PARENTAL / GUARDIAN CONSENT – for participants under 18 years

I, am the parent/guardian of and I consent to his/her participation in the above Duke of Ed Adventurous Journey.

- I consent to (insert participant's name) 's participation in the above Adventurous Journey (AJ), including travel. I understand that the outdoor nature of the AJ program will involve risks. The Adventurous Journey Supervisor (AJS) undertakes to use the utmost care in ensuring each participant has a safe environment to meet personal challenge. I understand that appropriate information will be provided to participants before they participate in activities and that they may choose their own level of participation. I understand that non identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I consent for the supervisor in-charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity of any such treatment or medical advice.
- I understand that some AJs involve mixed groups of participants who may be over the age of 18 years.

Optional - I give consent for identifiable photos to be taken during the program and later used by the Award Unit / Queensland State Award Operating Authority for promotional purposes (please tick):

YES

NO

**CONTACT
PHONE
NUMBER:**

SIGNATURE

DATE

AWARD LEADER APPROVAL

NAME

ROLE

Award Leader

SIGNATURE

DATE

YOUR PRIVACY

The Department of Education and Training is collecting your personal information to facilitate your involvement in 'The Duke of Edinburgh's International Award'. This may also include personal information that you submit via the Online Record Book Participant Registration Form.

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 International Award program to facilitate the Award program and to update and maintain records. Non-identifying statistical information may also be supplied to the National Award Authority, a non-government organisation that oversees The Duke of Edinburgh's International 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* and, if applicable, in accordance with section 426 of the *Education (General Provisions) Act 2006*. You can access your own personal information by contacting the Queensland State Award Operating Authority.

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