P4 – Adventurous Journey Consent Form



Version 1 - 20

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.

NAME												
ADDRESS								POSTCC	DDE			
PHONE NUMBER	BER (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 Outdoor												
*If this is an Urbar	AJ will an adult l	be accompanying	the part	icipants on	the Journ	ney?	Y	es [_ r	No		
DATE/S OF JOUR	F JOURNEY ADVENTURE JOURNEY S							R				
LOCATION OF JOURNEY												
DAILY ACTIVITY (e.g. hiking, canoe	eing)											
AWARD LEVEL (OI MORE)												
TYPE (PLEASE CIRCL	E)	-		Expedition		Exploration		1	Adv. Project		t	
JOURNEY (PLEASE CIRCLE)					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,											
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.												•
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P4 – Adventurous Journey Consent Form



PARENTAL / GUARDIAN CONSENT – for participants under 18 years								
I,								
 I consent to (insert participant's name)								
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.

