



NOTIFICATION OF ATTAINMENT OF GOLD AWARD (GA5)

This form is the only source of information for the issue of certificates and presentation invitations. Please write clearly, tick appropriate boxes and complete both forms. Please notify us of any subsequent changes.

Please ensure you read the DETAILS REGARDING YOUR GOLD AWARD PRESENTATION section at the bottom of this page, as it includes important information.

PERSONAL DETAILS – please complete your name as you would like it to appear on your certificate.

Surname:			Title: Mr <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Mrs <input type="checkbox"/> / Other (state)		
First Name(s):			Date of birth: / /		
Address:			Telephone No (home):		
			Telephone No (mobile):		
Town:			Email:		
County:		Postcode:	Occupation:		
Please select one:	Badge <input type="checkbox"/>	Brooch <input type="checkbox"/>	Miniature Pin <input type="checkbox"/>	If you're not sure which to choose, check out the pictures on our website.	
If you are happy for the DofE to contact you with information we feel may be of interest to you, please tick all of the following options that apply: By email: <input type="checkbox"/> By post: <input type="checkbox"/> By phone: <input type="checkbox"/> By text: <input type="checkbox"/>					

OPERATING AUTHORITY		ADULT REPRESENTATIVE	
Name of Operating Authority:		Name of one per group to be invited if space permits: Title: Mr <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Mrs <input type="checkbox"/> / Other (state)	
Name of group where you did your Gold DofE programme:		Firstname and Surname:	
		Status (eg. Organiser / Assessor / Leader):	
Group Address:		Address:	
Town:		Town:	
County:	Postcode:	County:	Postcode:
Job Title of the Authorising Official of this Gold Award:		Telephone No:	
		Email:	

DETAILS REGARDING YOUR GOLD AWARD PRESENTATION

If you wish to attend with another Gold Award holder, please write their name(s) clearly below, and we will do our best to invite you together:									
I am unavailable to attend a Gold Award Presentation until (please write date) :									
I do not wish to attend a Gold Award Presentation, please send me my certificate by post (please tick): <input type="checkbox"/>									
PLEASE NOTE: You will have three chances to attend a presentation after which you will be sent your certificate by post.									
* Adult representatives may be your leader or a volunteer who's helped you to achieve. They may only attend once every two years. Adult representatives selected to attend may be chosen by the Operating Authority or DofE Regional/Country Office.									
FOR DofE OFFICE USE ONLY	Confirmation Signature/Initials:		Date:	/ /	Region:		Badge Sent:	/ /	

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FIRST PERSONAL GUEST DETAILS

Title: Mr <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Mrs <input type="checkbox"/> / Other (state)		Address (if different to above):			
First Name:					
Surname:		Town:			
Telephone No:		County:	Postcode:		
Email:		Date of birth: / /			
Relationship of guest:	Parent <input type="checkbox"/>	Spouse <input type="checkbox"/>	Sibling <input type="checkbox"/>	Friend <input type="checkbox"/>	Other (please state):
If your guest is happy for the DofE to contact them with information we feel may be of interest, please tick all of the following options that apply: By email: <input type="checkbox"/> By post: <input type="checkbox"/> By phone: <input type="checkbox"/> By text: <input type="checkbox"/>					

SECOND PERSONAL GUEST DETAILS

Title: Mr <input type="checkbox"/> / Miss <input type="checkbox"/> / Ms <input type="checkbox"/> / Mrs <input type="checkbox"/> / Other (state)		Address (if different to above):			
First Name:					
Surname:		Town:			
Telephone No:		County:	Postcode:		
Email:		Date of birth: / /			
Relationship of guest:	Parent <input type="checkbox"/>	Spouse <input type="checkbox"/>	Sibling <input type="checkbox"/>	Friend <input type="checkbox"/>	Other (please state):
If your guest is happy for the DofE to contact them with information we feel may be of interest, please tick all of the following options that apply: By email: <input type="checkbox"/> By post: <input type="checkbox"/> By phone: <input type="checkbox"/> By text: <input type="checkbox"/>					

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PROGRAMME DETAILS to be completed by the participant with reference to the Record Book. If you did 2 activities for any section include both.

SECTION	BRONZE DofE PROGRAMME	No. of months
Volunteering	Chosen activity	
	Dates started and completed / / / /	
Physical	Chosen activity	
	Dates started and completed / / / /	
Skills	Chosen activity	
	Dates started and completed / / / /	
Expedition	Area _____ Dates / / TO / /	
TYPE OF EXPEDITION	Expedition <input type="checkbox"/> Adventurous Project <input type="checkbox"/>	
MODE OF TRAVEL	Foot <input type="checkbox"/> Water <input type="checkbox"/> Cycle <input type="checkbox"/> Horseback <input type="checkbox"/>	
Date programme completed	/ /	

SECTION	SILVER DofE PROGRAMME	No. of months
Volunteering	Chosen activity	
	Dates started and completed / / / /	
Physical	Chosen activity	
	Dates started and completed / / / /	
Skills	Chosen activity	
	Dates started and completed / / / /	
Expedition	Area _____ Dates / / TO / /	
TYPE OF EXPEDITION	Expedition <input type="checkbox"/> Other Adventurous Project <input type="checkbox"/>	
MODE OF TRAVEL	Foot <input type="checkbox"/> Water <input type="checkbox"/> Cycle <input type="checkbox"/> Horseback <input type="checkbox"/>	
Date programme completed	/ /	

SECTION	GOLD DofE PROGRAMME	No. of months
Volunteering	Chosen activity	
	Dates started and completed / / / /	
Physical	Chosen activity	
	Dates started and completed / / / /	
Skills	Chosen activity	
	Dates started and completed / / / /	
Expedition	Area _____ Dates / / TO / /	
TYPE OF EXPEDITION	Expedition <input type="checkbox"/> Other Adventurous Project <input type="checkbox"/> Notification Number: _____	
MODE OF TRAVEL	Foot <input type="checkbox"/> Water <input type="checkbox"/> Cycle <input type="checkbox"/> Horseback <input type="checkbox"/>	
Residential	Dates / / TO / /	
Date programme completed	/ /	

AUTHORISATION

Participant's Signature:	Name:	Date: / /
Comments of DofE Leader:		
DofE Leader's Signature:	Name:	Date: / /
To be completed by the Authorising Official of the Operating Authority. I certify this participant has satisfied the requirements to achieve a Gold Award.		
Authorising Official's Signature:	Name:	Date: / /

YOUR AWARD EXPERIENCES
 We are keen to hear more about your Gold Award. If you would like to tell us about your experiences please visit <http://www.DofE.org/press> and complete our survey.