



# THE DUKE OF EDINBURGH'S AWARD OF JAMAICA

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## PARTICIPANTS REGISTRATION FORM

PLACE  
PASSPORT  
SIZE  
PHOTO HERE.  
Do not put a  
staple across the  
picture

**PLEASE PRINT IN CAPITAL LETTERS**

1. Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ (yy/mm/dd) Gender: \_\_\_\_\_ Passport/Drivers License/TRN No.: \_\_\_\_\_

5. Are you involved in any other Club/Voluntary Group? If yes, please list: Yes  No

\_\_\_\_\_  
\_\_\_\_\_

6. Unit Name: \_\_\_\_\_

7. Any previous experience with the Duke of Edinburgh's Awards Programme? If yes, please state: \_\_\_\_\_

8. Medical Condition:

Do you have any medical conditions, which you believe might affect the type of projects you could do? (e.g. Asthma, skin cancer, allergies). This information is kept confidential. If yes, state reasons below:

\_\_\_\_\_

9. Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel no.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Date (yy/mm/dd)

**FOR NAA OFFICE USE ONLY:**

Approved: \_\_\_\_\_

Date: \_\_\_\_\_ (yy/mm/dd)

Form 02

