

# Commonwealth Award



This badge can be completed individually by Youth Members (14+), Olave Program Members or Leaders or as part of group whether this a peer unit, Olave group or a group of Guiding friends. It can only be commenced after a Youth Member's 14th birthday and must be completed before the member's 30th birthday.

## Step 1:

Discuss with your peer unit, Olave group, Co-Leaders or State Program Manager:

- your chosen challenges,
- how you know you will have achieved your goals,
- how you may present or use your new knowledge,
- realistic timeframes and
- who your appropriate assessors are.

**Note:** Assessors should have extensive knowledge in the area and preferably be outside your immediate team, e.g. if a Youth Member, the assessor should not be your Unit Leader.

## Step 2:

Complete a Commonwealth Award Registration form (see attached) and send a copy to your State Program Manager. Keep a copy for your own records.

## Step 3:

Review your plan regularly with your peer unit, Olave group, Co-Leaders or State Program Manager. There is no time limit on this Award, but you will need to complete it before you turn 30.

## Step 4:

Complete an Assessment form (see attached) and forward to your State Program Manager on completion.

## Step 5:

Complete an Assessment form (see attached) and forward to your State Program Manager on completion.

Please note that we understand that sometimes assessors need to change, and challenges need to be amended due to changes in circumstances.

# Commonwealth Award Registration Form



This form should be submitted, and assessors contacted prior to commencing any challenges.

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## Personal Details

Name

Mailing Address   
 Postcode

Email

Home Phone  Mobile

Date of Birth

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## Unit or Peer Group Details

Unit/Peer Group/DM  Membership number

District  Region

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## Compulsory Sections

History of Guiding

Service within the Community

Knowledge of the Commonwealth

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## Optional sections

(choose two)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Health            | <input type="checkbox"/> Active Living and the Outdoors | <input type="checkbox"/> Citizenship   |
| <input type="checkbox"/> Environment       | <input type="checkbox"/> Public Speaking or Debating    | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Cultural Heritage | <input type="checkbox"/> Creative Writing               |  |

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Applicant's Signature

Date

Forward this form to your State Program Manager

# Commonwealth Award Assessment Form



This form should be submitted, and assessors contacted prior to commencing any challenges.

Name

Email

Mobile

Date of Birth  Membership number

Unit/Peer Group/DM

District  Region

## Record of Progress

Challenges	Name of Assessor	Position/Qualification	Signature	Date
Knowledge of the History of Guiding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commonwealth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Action	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optional Challenge 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optional Challenge 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Signature  Date

I verify that the candidate is an active participant in her peer group and is between the ages of 14 and 30 years.

State Program Manager Signature  Date