

**1 VENTURER**

Given Name: ..... Family Name: .....

Address: .....

City: ..... Post Code: .....

Your Unit: .....

District/Zone: .....

**2 AWARD**

Venturer Award       Queen's Scout       Endeavour Award

Award: .....

Section: Please note the section of the record book (eg. VA OA.2): .....

Please provide your plan for the intended award, – you can attach any relevant information.

List skills to be used or learnt in completing the award: .....

.....

Final reporting method: .....

Venture to sign ..... Date / /20

**3 EXAMINER**

Given Name: ..... Family Name: .....

I have read the Venturer Award Scheme requirements and agree the proposed activity meets the requirements

Examiners Signature: .....

Address: ..... Telephone: .....

City: ..... Post Code: .....

Qualification: .....

Experience: .....

**4 APPROVAL TO COMMENCE**

Unit Council: Name: ..... Signature: .....on / /20

Venturer Leader: ..... Signature: .....on / /20

If QS DVC Name: ..... Signature: .....on / /20

**5 COMPLETION**

Examiner  Satisfactory  Unsatisfactory Signature: .....on / /20

Comments: .....

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Unit Council: Name: ..... Signature: .....on / /20

Venturer Leader: ..... Signature: .....on / /20

If QS DVC Name: ..... Signature: .....on / /20

Comments: .....

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