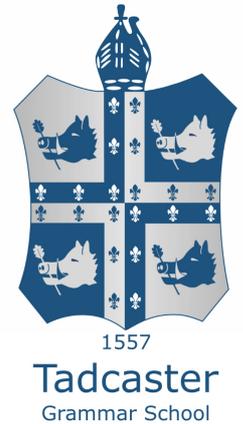


October 2020



Dear Parents

### **Duke of Edinburgh's Award Scheme – Gold Award**

I'm pleased to let you know that we intend to offer the opportunity for committed participants to complete The Duke of Edinburgh's Award at Gold Level over the next 2 years. The Scheme is nationally recognised and excellent for encouraging personal development in young people in areas such as decision-making, time management and teamwork. It is extremely well regarded by both universities and employers and is ideal for personal statements as an extra-curricular activity.

Please be aware that there are 4 sections to the award: skill, volunteering, physical and expedition. Students are also required to complete a residential section where they undertake a shared activity in a residential setting away from home for 5 days and 4 nights. We will facilitate the expeditions and advise on the other sections. The additional costs of the other sections depend upon what the participant chooses to do. If students have not completed the Silver level of the scheme, they can enter as a direct entrant and must complete an additional 6 months volunteering or a further 6 month's activity on the longer section they choose; making it a total of 18 months in length.

### **The DofE and COVID-19**

We're determined that young people shouldn't miss out on doing their DofE because of the coronavirus outbreak and to support this, DofE have introduced some temporary changes which will be in place until 31 July 2021.

Your child can still have the full DofE experience, safely and in line with Government guidance, during the COVID-19 outbreak. The motivation and focus the DofE gives, and its positive impact on mental and physical health, can play an important role in helping your child navigate our 'new normal', safely expanding their world and giving them skills and experiences to open doors in the future. As participants can choose and change their activities, they can pick ones that they can do while social distancing or from home. At the moment, residential trips are not allowed so we will need to wait and see when we can do the expedition section. In the meantime, participants can work to complete the other three sections and receive a certificate of achievement from the DofE.

### **Signing up**

Because of current restrictions, I propose to initially only charge the registration fee of £50. This covers your child's participation place and Welcome Pack, insurance and school's administration fees and is **non-refundable**. This would enable your child to begin the other three sections, complete them, receive the

certificate of achievement and be ready to participate in the expeditions when we are allowed to run them. I'll let you know the proposed costings for the expedition section closer to the time when I know how they will be run.

If your child would like to take part, please complete the slip below, log onto ParentPay and pay the registration fee of £50. Please also complete the attached DofE enrolment form and medical forms and return them directly to the Main Office **by Friday 18 December 2020**. If you have any questions I can be contacted via my email at [dofe@tgs.starmat.uk](mailto:dofe@tgs.starmat.uk) or my mobile on: 07906 478272. For further information on the award please visit [www.dofe.org](http://www.dofe.org).

Yours sincerely

Mr D Sanderson  
DofE Coordinator

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**Year 12 GOLD DUKE OF EDINBURGH'S AWARD REGISTRATION**

Student's Name: \_\_\_\_\_ Form \_\_\_\_\_

I wish my child to register for The Duke of Edinburgh Gold Award.

Parent/Carer's Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer's email (For communication purposes) \_\_\_\_\_

Checklist:

- Enrolment Form enclosed.
- Consent and Medical Fitness Form for Residential Visits enclosed.

**Please return to the Main Office by Friday 18 December 2020**



## DofE Participant Enrolment Form

Please print clearly in CAPITALS or type your details in. You must complete all of the questions.

### DofE Centre and group details (if you know them):

DofE Centre:	DofE group:

### DofE level:

Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you registered for any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES – please give the name of the DofE Centre you were registered at:
edofe ID number (if known) :

### Student Personal details:

First name:	Last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /
Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>	
Date you wish to start your DofE programme if known (enrolment date): / /	

When you first sign in to edofe you will be asked to record some personal details such as your contact details, ethnicity and personal circumstances along with details of any medical needs you may have. This data is used to enable your Leaders to support you doing your DofE programme and for the DofE's statistical and reporting purposes. You will always have a 'prefer not to say' option.

### Contact details:

<b>Parent/Carer email address</b>	
Address (line1):	
Address (line 2):	
Town/City:	
County:	Postcode:
Telephone:	Mobile number:

### Emergency contact details:

Emergency Contact name:	Relationship to you:
Emergency contact telephone number(s):	



## DofE Participant Enrolment Form

### Declaration:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the onlineedofe system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at [www.eDofE.org](http://www.eDofE.org)

Print Name	Signature	Date
		/ /

### Consent to enrol from parent or guardian (if applicant is under 18 years old).

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name	Signature	Date
		/ /

### Note:

Data supplied on this form and in edofe and information about DofE activities recorded in edofe will be used by the DofE Charity, the Licensed Organisation and DofE centre to monitor and manage DofE participation and progress by young people and manage and support Leaders. The DofE Charity will use personal data to communicate useful and relevant information to either help participants complete a DofE programme, Leaders/LOs to run DofE programmes more effectively or help the DofE Charity to improve the quality and breadth of its programmes. Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your edofe profile at any time.

### For Licensed Organisation/Centre administration only:

Date registered onto edofe	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	

<b>Doctor</b>		<b>Additional Emergency Contact</b>	
<b>Surgery Address</b>		<b>Name</b>	
		<b>Relationship</b>	
		<b>Address</b>	
<b>Telephone No</b>		<b>Telephone</b>	
<b>NHS Number</b>			
<b>E111HC No.</b>		<b>Expiry Date</b>	
<b>Passport No.</b>		<b>Start Date</b>	
		<b>Expiry Date</b>	

**MEDICAL INFORMATION**

If your child has a medical condition of any sort please discuss with your family doctor before completing the form. Medical conditions would not normally exclude your child from participating in activities. It is important that your child is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.

Is your child on any medication? (if yes please give details below, including dosage and frequency)		
<b>If the answer to any of these questions is yes please give details here:</b>		
Has your child been inoculated against TETANUS?	<b>Yes</b>	<b>No</b>
Date of last injection if known:		
Do you consider your child to be medically fit now?	<b>Yes</b>	<b>No</b>
<b>MEDICAL TREATMENT DURING VISITS</b>		
Young people sometimes need minor medical treatment for conditions such as headaches, rashes, pulled muscles, coughs & colds, insect bites etc. With your permission staff will treat these ailments with "off the shelf" products from a chemist. For example the following items are available: Paracetamol, muscle relaxant cream/spray, witch hazel, throat lozenges, petroleum jelly, cough mixture, antiseptic cream, calamine lotion, adhesive plasters, insect bite antihistamine.		
<b>Please indicate if you are willing for your child to be treated with "off the shelf" medication.</b>	<b>Yes</b>	<b>No</b>
Professional help would be sought for any more serious conditions and we will contact you by telephone.		
<b>Please indicate if you are willing for your child to undergo emergency treatment from a doctor or hospital including anaesthetic and blood transfusion should this be necessary.</b>	<b>Yes</b>	<b>No</b>
<b>Procedures to take in an emergency</b>		
<b>I give my consent**</b> for a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.		
<b>I give my consent**</b> for my child to self-administer the above medication.		
<b>** delete if not applicable.</b>		

**Consent and Medical Fitness Form for Residential Visits**

**PROTECT**



**INFORMATION FOR PARENTS/GUARDIANS**

Please complete the questions below and sign the consent. The personal and medical information requested is to ensure that a proper duty of care is possible during the residential visits.

**PERSONAL DETAILS**

<b>STUDENT</b>		<b>PARENT/GUARDIAN INFORMATION</b>		
<b>Surname</b>		<b>Name</b>		
<b>First Name</b>		<b>Address</b>		
<b>Tutor Group</b>				
<b>Address</b>				
<b>Postcode</b>		<b>Postcode</b>		
		<b>Telephone Numbers</b>		
<b>Date of Birth</b>		<b>Day</b>	<b>Evening</b>	<b>Mobile</b>

**PARENT/GUARDIAN DECLARATION**

I have listed any medical or other conditions concerning my child that might affect the duty of care expected during the off-site visit.

I undertake to inform the Party Leader of any changes in the medical or other circumstances of my child before the date of departure.

I have received information about the programme and agree to his/her taking part in all the activities unless otherwise stated.

I agree to indemnify any member of staff against any claim against a member of staff by a third party, directly or indirectly, arising out of any act or fault by my child.

I agree to indemnify any member of staff involved against any costs and expenses reasonably incurred and/or other sums disbursed by a member of staff on behalf of my child during or as a result of the visit.

Signature of parent..... Date.....

Name.....Relationship to participant.....