

November 2020



Dear Parents

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

I'm pleased to let you know that we intend to offer the Silver Award over the course of the next 12 months. 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.

If you started your Bronze last year, participants who have completed their Skills, Physical and Volunteering sections – achieving the DofE Certificate of Achievement – will be treated as if they have completed the previous Award level when it comes to the time they need to commit to their sectional activities. This means they'll only have to complete six months of activity, not 12.

Bronze participants who progress to Silver in this way will be able to use their Silver practice expedition as their qualifying expedition at Bronze, enabling them to achieve both their Bronze and Silver Awards.

Students do not need to have completed the Bronze Award to register at Silver. It is possible to start the Silver Award if any section has been started at Bronze level. The Bronze and Silver Awards can then be run together, but a section must be completed at the Bronze level before it can be started at the Silver level.

For students who have not done the Bronze Award, they will begin the Silver Award as a direct entrant, register as new and must complete an additional 6 months of activity on one of the longer sections they choose. So, you can still do Silver – it will just take a bit longer.

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

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



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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. They would then receive their award certificate(s). 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).

Many thanks for your support and we look forward to helping your child to achieve through their DofE.

Yours sincerely

Mr D Sanderson  
DofE Coordinator

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### **Year 10 Silver DUKE OF EDINBURGH'S AWARD REGISTRATION**

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

I wish my child to register for The Duke of Edinburgh Bronze 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 (line 1):	
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	

**PROTECT**

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



**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				
STUDENT		PARENT/GUARDIAN INFORMATION		
Surname		Name		
First Name		Address		
Tutor Group		Address		
Address				
Postcode			Postcode	
		Telephone Numbers		
Date of Birth		Day	Evening	Mobile
Doctor		Additional Emergency Contact		
Surgery Address		Name		
		Relationship		
		Address		
Telephone No		Telephone		
NHS Number				
E111HC No.		Expiry Date		
Passport No.		Start Date		
		Expiry Date		

**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.

QUESTIONS	Please Tick	
	Yes	No
Has your child had any serious illness in the last two months?		
Is your child recovering from an accident, injury or fractured bone?		
Is your child a sleepwalker?		
Does your child suffer from travel sickness?		
Does your child have any incontinence problems?		
Are there any activities in which your child should not participate?		
Does your child have:		
Epilepsy or convulsions		
Diabetes mellitus		
Asthma		
Heart Disease		
Any allergies		

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>		
I give my consent** 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.		
I give my consent** for my child to self-administer the above medication.		
<b>** delete if not applicable.</b>		
<b>DIETARY INFORMATION</b>		
Does your child have any individual dietary needs (including vegetarian foods)? Please give details here.		

<b>PARENT/GUARDIAN DECLARATION</b>	
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.....