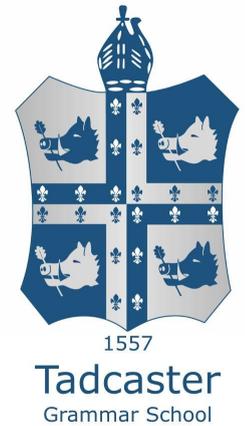


Be Your Best Self

November 2021



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.

Expedition Dates

The Gold package consists of registration, a 2 day, 2-night practice expedition and a 4 day, 3-night qualifying expedition.

The dates in the table below are fixed and students should not enrol onto the award if they cannot commit to them. Students must undertake both the practice and qualifying expeditions to complete the section.

17-19 July 4pm meet	Year 12 Gold Practice	Southern North York Moors
30 Aug – 3 rd Sept 3pm meet	Year 12 Gold Qualifying	Yorkshire Dales

Signing up

The total cost for registration, administration, training, insurance and provision of transport/personnel for completing both expeditions will be £410 and to make paying easier and faster, all payments will be collected via ParentPay which can be accessed on the school website or you can visit www.parentpay.com. The registration fee of £50 is included in the total cost and covers the cost of the welcome pack (registration onto edofe & student log book), insurance and school's administration fees and is **non-refundable**. The remaining costs cover tuition, transport by minibus, use of equipment, fuel, appropriate external supervision and external assessment. The final cost must be paid by **31 March 2022** and student's accounts must be up to date to allow them to participate on the expeditions.

The expeditions are run by Mid Yorkshire Expeditions. The school has used this provider for a number of years. Although there may not be a member of TGS staff on the expeditions there is always a senior member of staff who is the emergency contact. The expeditions are supervised remotely using checkpoints and visits and staff camp on the same campsites as the groups. Photographs may be taken for promotional purposes such as the school's website. If you do not want that to happen, then please let me know by adding a comment to the enrolment form.

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We will commence the expedition training in July 2022 but students will be enrolled onto the scheme from the start of the academic year and any section activities that they may have already been doing will count from then. It is hoped that many students will see the benefits of the award programme and commit to completing the Gold Level. If you would like your child to confirm their place on the award 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. To speed up registration, you can take a picture or a scan of the completed forms and email them to me at dofe@tgs.starmat.uk. Alternatively, forms can be dropped off at school reception. The closing date for applications is the end of term, **Friday 17 December**.

If you have any questions I can be contacted via my email at dofe@tgs.starmat.uk. For further information on the award please visit 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

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 17 December 2021



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:

Parent/Carer email address	
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 onlinedofe 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

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	

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.....

Is your child on any medication? (if yes please give details below, including dosage and frequency)

If the answer to any of these questions is yes please give details here:

Has your child been inoculated against TETANUS? **Yes** **No**

Date of last injection if known:

Do you consider your child to be medically fit now? **Yes** **No**

MEDICAL TREATMENT DURING VISITS

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.

Please indicate if you are willing for your child to be treated with “off the shelf” medication. **Yes** **No**

Professional help would be sought for any more serious conditions and we will contact you by telephone.

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. **Yes** **No**

Procedures to take in an emergency

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.

** delete if not applicable.

DIETARY INFORMATION

Does your child have any individual dietary needs (including vegetarian foods)? Please give details



PROTECT

INFORMATION FOR PARENTS/GUARDIANS

Please complete the questions below and sign the consent. The personal and medical information requested 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		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		

Consent and Medical Fitness Form for Residential Visits