



October 2018

Dear Parents

Year 10 Silver DukeOf Edinburgh's Award Registrationand Expeditions

The registration of those **Year 10** students who wish to participate in this year's Duke of Edinburgh's Award at **Silver** Level is now taking place. A registration form, Health & Medical form and reply slip are attached, together with an outline of the expedition syllabus for the Silver Award.

Please read the appropriate section below, depending on whether or not your child participated in the Bronze Level last year:

Previous Bronze Level Students:

Students **DO NOT NEED TO HAVE COMPLETED BRONZE AWARD** to register. It is possible to start the Silver Award if any section has been started at Bronze level. As all students participating at Bronze level last year completed the Expedition Section they are now able to register and start their Silver Award. However, students must have **completed and submitted the Expedition Section on edofe**(the Award's online database) to do this. Students can contact me for help on how to complete this. 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. The Bronze level must be completed before students can register for the Gold level in Year 12.

As previous Bronze students, having already completed expedition training, only refresher training and training on relocation and emergency procedures will be required to meet the requirements for the Silver Qualifying expeditions. This means no weekly training sessions will be required and this training will take place on Day 1 of their Practice Expedition. The other tasks that groups will need to complete are, to meet to confirm their walking groups and plan their Practice and Qualifying Expedition routes and to complete their expedition route cards.

Students would have to attend a minimum of four, 2 hour after school sessions to complete their route planning. This is a requirement for them to meet the 20 conditions of the expedition section. These dates will be agreed with students.

Non- Bronze Level Students:

For students who did not complete the Bronze Award, they will begin the Silver Award as a direct entrant and register as new and must complete an additional 6 months of activity on one of the longer sections they choose. They will be required to attend the Bronze Training days on the Inset Day, **Wednesday 20 March 2019** and **Friday 12 April 2019** to complete the required training as outlined in the DofE Silver Training Framework.

Gold Level

Students can opt to 'skip' Silver if they wish and just go straight for Gold in Years 12 & 13. However, this would mean they will be counted as a Direct Entrant and must complete an additional 6 months volunteering and a further 6 month's activity on the longer section they choose; making these a total of 18 months in length.

Silver Level

All Students would be enrolled onto edofe as of 1st September 2018.

Silver Expedition Dates for 2019:

Practice Expedition – Friday 26 April - Sunday 28 April 2019

Qualifying Expedition - Thursday 04 July – Saturday 06 July 2019

These Expedition dates are fixed and students should not enrol on the award if they are unable to commit to these dates.

The expeditions will be completed with the assistance of an Approved Activity Provider (AAP). AAP's have been certified by the DofE to deliver sections of the DofE awards and all personnel are qualified to the industry standards.

The expeditions will be taking place in Normal/Open Countryside, walking through open areas near to habitation, and slightly more remote countryside on the assessed expedition. Silver expeditions take place over **three** days (2 nights) and involve **seven** hours of daytime activity on each day.

Students will be free to arrange their own groups as far as possible. There may be a need to rearrange groups if issues should arise, or they do not meet the required structure. Groups should be between 4 and 7 members in size and cannot have a lone male or female participant. Tents will be single sex only and students are not permitted to sleep on their own for safety reasons. Tents, Rucksacks, sleeping mats and all cooking equipment plus fuel can be provided, as are maps; compasses and First Aid Kits are included in the costs.

All Costs

The total cost for registration, training, Insurance and provision of transport/personnel for completing both expeditions will be **£270**. 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 costs of **£50** are included in the total costs and include the cost of the DofE Welcome Pack £21 (Registration & Student Log Book), Insurance and TGS administration fees and is NON-REFUNDABLE. The first instalment of **£110** is due by **Sunday 31 March 2019** and the remaining instalment of **£110** by **Sunday 30 June 2019**. Students who withdraw at any point prior to training or the expeditions will have the relevant amount returned to them, minus any non-returnable costs. Student ParentPay accounts **MUST** be up to date to allow them to participate on the expeditions.

It is hoped that many students will see the benefits of the award programme and commit to completing the Silver Level. If you would like your son/daughter 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 form and return them all **DIRECTLY TO THE MAIN OFFICE by Friday 30 November 2018**. If you have any questions I can be contacted through the school main number or email me d.sanderson@tgs.starmat.uk for further award information, please visit www.dofe.org.

Yours sincerely

Mr D Sanderson
DofE Administrator

SILVER DUKE OF EDINBURGH'S AWARD REGISTRATION

Student's Name: _____ Form _____

I wish my son/daughter to register for The Duke of Edinburgh Silver Award and consent to their participation on the training days and expeditions as outlined in the registration letter.

Practice expedition Friday 26 April - Sunday 28 April 2019

Qualifying expedition Thursday 04 July – Saturday 06 July 2019

Parent Name: _____ Signed: _____ Date: _____

Parent email (For communication purposes) _____

Checklist:

Enrolment Form enclosed

Consent and Medical Fitness Form for Residential Visits enclosed

**Please return to the Main Office direct by
Friday 30 November 2018.**

SILVER/GOLD AWARD SURVEY

My child intends to:

Complete only up to Silver

'Skip' Silver and register for Gold in the Autumn Term 2019

Register for Silver and Gold



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: Tadcaster Grammar School	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 (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

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.

Nature of Visit	DofE Expeditions
Dates of Visit	

PERSONAL DETAILS				
STUDENT		PARENT/GUARDIAN INFORMATION		
Surname		Name		
First Name		Address		
Tutor Group		Postcode		
Address				
Postcode				
Telephone Numbers				
Date of Birth		Day	Evening	Mobile
Doctor		Additional Emergency Contact		
Surgery Address		Name		
		Relationship		
		Address		
Telephone No		Telephone		
NHS Number				
E11HC 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)		
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 here.		

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.....

THIS PAGE IS INTENTIONALLY LEFT BLANK