



Tadcaster Grammar School

'A Culture of Excellence'

October 2018

Dear Parents

Duke of Edinburgh's Award Scheme - Bronze Award

The Duke of Edinburgh's Award Scheme is a nationally recognised scheme promoting personal development and it is extremely well regarded by both universities and employers. We intend to offer the Bronze Award over the course of the next 12 months. More information is available via the website www.DofE.org. Please be aware that there are four sections to the award: Skill, Volunteering, Physical and Expedition. 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. 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 Bronze package consists of registration, training, monitoring of a 2 day, 1-night practice expedition and a 2 day 1-night qualifying expedition. The training and planning will be done on 2 Inset Days, **Wednesday 20 March 2019 & Friday 12 April 2019. Students must attend on both days to participate in the expeditions.**

All Costs

The total cost for registration (£21 DofE Welcome Packs) and administration, training, insurance and provision of transport/personnel for completing both expeditions will be £240 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 cost of £50 is included in the total cost and includes the cost of the Welcome Pack (Registration onto edofe & Student Log Book), insurance and schools administration fees and is **NON-REFUNDABLE**. The remaining cost covers tuition, transport by minibus, use of equipment, fuel, appropriate external supervision and external assessment. The Second instalment of £95 will be due by **Monday 29 April 2019** and the Final instalment of £95 by **Friday 31 May 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's accounts **MUST** be up to date to allow them to participate on the expeditions.

The expeditions are supervised remotely using checkpoints and visits. 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.

Head of School: Wendy Wilson B.Sc. (Hons)
Toulston, Tadcaster, North Yorkshire,
LS24 9NB
Tel: (01937) 833466 ; www.tgs.starmat.uk



Expedition Dates

These dates are fixed. Students should not enrol onto the award if they cannot commit to them. Students will be required to undertake one Practice and one Qualifying expedition. Our aim is to limit group size to 28 students per option.

- Option A Bronze Practice 1. 10 – 11 May 2019 and Bronze Qualifier 1 07 - 08 June 2019
- Option B Bronze Practice 2. 12 – 13 May 2019 and Bronze Qualifier 2 09 – 10 June 2019
- Option C Bronze Practice 3. 17 – 18 May 2019 and Bronze Qualifier 3 14 – 15 June 2019
- Option D Bronze Practice 4. 19 – 20 May 2019 and Bronze Qualifier 4 16 – 17 June 2019

It will be necessary for students to be flexible in meeting group size although we will endeavour to maintain friendship groups.

We will commence the expedition training in March 2019 but students will be enrolled onto the scheme as of 1 September 2018. It is hoped that many students will see the benefits of the award programme and commit to completing the Bronze 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 complete the attached DofE enrolment form and medical forms and return them **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 at d.sanderson@tgs.starmat.uk. For further information on the award please visit www.dofe.org. Additionally, I will be holding a a Parent Evening Q & A session in the main hall at 6pm on Thursday 15 November and a Year 9 assembly on Thursday 6 December where students will be given a brief presentation on the award.

Yours sincerely

Mr D Sanderson
DofE Administrator

Year 9 BRONZE DUKE OF EDINBURGH'S AWARD REGISTRATION

Student's Name: _____ Form _____

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

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.**



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 (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

| | | |
|------------|-----------|------|
| 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 | |



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 | | 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 | | | | |
| 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.....

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