

October 2017

Dear Parent/Carer,

**Re: Duke of Edinburgh's Award**

I am delighted to inform you that your son or daughter has expressed an interest in taking part in the Duke of Edinburgh's Award Scheme, an exciting opportunity which is being offered to Year 10 students this year.

The Duke of Edinburgh's Award is a nationally recognised award which enhances communication skills, teamwork skills, self-confidence and independence. The Award will be launched at Bronze level which will require a commitment of a minimum of six months to complete the four sections: volunteering, physical recreation, skills and an expedition. It will require your son or daughter to independently organise their own activities to meet the needs of each section, the exception to this being two overnight expeditions (the organisation, training and supervision of which will be done by the school). There will be guidance for participants to help them choose activities which meet the criteria of the Award.

As there is extensive training for the expedition section of the Award, there will be a requirement for pupils to attend meetings after school on Fridays for one hour. The fee to register on the Award and receive a Log Book is £25 (non-refundable). The cost of the expeditions will be £25 per expedition to cover expedition costs (cheques made payable to CLHS). Central Lancaster High School places a high value in the Award and has therefore invested in a large amount of equipment to be used on expedition's, thereby keeping any further costs to participants to the minimum necessary.

I would like to invite you to the launch meeting of the Award on **Wednesday, 8<sup>th</sup> November at 5.00pm**, where the requirements of the Award will be outlined in full and there will be an opportunity to ask any questions you may have. This is aimed to ensure that you are able to give your child the support he or she may require out of school. The meeting will last approximately one hour. Further information on any aspect of the Award can be found at [www.DofE.org.uk](http://www.DofE.org.uk)

Yours sincerely,



Joanne Moss  
Duke of Edinburgh's Award Co-Ordinator

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**Consent Form**

Please detach and return to the school reception.

Name of student: \_\_\_\_\_

Form: \_\_\_\_\_

- ☐ I/We will be attending the Duke of Edinburgh's Award Launch Meeting
- ☐ I enclose £25 (non-refundable) fee
- ☐ I enclose the enrolment form

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





# Participant Enrolment Form

Please print clearly in **CAPITALS**. You must complete all the questions and return the form to your DofE Centre Co-ordinator with payment



## Personal Details

Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/>	Home Address:
First name:	
Middle name:	
Last name:	
Primary Language:	
Email:	Postcode:
Date of Birth:	Telephone Home:
Age:	Telephone Mobile:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<i>The email provided above will be used by the DofE centre co-ordinator to provide participants with their e-DofE account login details and can be changed or removed by the participant once they open their account. (Use of personal emails addresses may vary between centres)</i>	

## Centre Details

DofE Centre Name: Central Lancaster High School	Centre Address: Crag Road, Lancaster
Telephone Number: 01524 32636	Postcode: LA1 3LS
DofE Centre Co-ordinator Name: Mrs Joanne Moss	

## Personal information

The following information is used to help the Young People's Service and DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. **Please circle the relevant box**

I would describe myself as

Asian or Asian British				Black or Black British			Chinese
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Any other	Chinese
Mixed				Gypsy and Traveller			White
White & Black Caribbean	White & Black African	White & Asian	Other	Roma	Irish	Gypsy	Other

I would consider myself to have a disability\* Yes ☐ No ☐

*\*as defined by the Disability Discrimination Act as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.'*

## Programme details

Enrolment level:	BRONZE <input type="checkbox"/>	SILVER <input type="checkbox"/>	GOLD <input type="checkbox"/>
Previously completed award (s)	BRONZE <input type="checkbox"/>	SILVER <input type="checkbox"/>	

**P.T.O**

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

I agree to my son / daughter/ ward participating in a DofE programme through the centre listed on this form. I understand that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE is appropriately managed and insured, unless the activity is directly managed or organised by the group, centre or Operating Authority.

	Print Name	Signature	Date
Parent/guardian:			/ /

I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online eDofE system. This system has a set of terms and conditions that you must agree to. These are available at: [www.eDofE.org/Terms.aspx](http://www.eDofE.org/Terms.aspx) (pdf document)

Applicant:			/ /
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**Payment**

I enclose a payment for registration of:

Cheques should be made payable to: **Central Lancaster High School**

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the participant's Operating Authority and DofE centre to monitor and manage DofE participation and progress.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/Operating Authorities to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact from the charity will be via the eDofE messaging system.

**For Operating Authority/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	
Initial password on set up	
YPS ID number	
District Code	

**Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they sign into eDofE.**