

Central Lancaster High School, Crag Road, Lancaster, Lancashire, LA1 3LS

Tel: 01524 32636 Fax: 01524 849586

Email: clhs@lancasterhigh.lancs.sch.uk

Website: lancasterhigh.uk

October 2017

Dear Parent/Carer

Re: Silver Duke of Edinburgh's Award

I am delighted to inform you that your son/daughter has expressed an interest in taking part in the Silver Duke of Edinburgh's Award Scheme, an exciting opportunity which is being offered to Year 11 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 Silver Award 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 child to independently organise their own activities to meet the needs of each section, the exception to this being two, two night 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 a Friday for one hour once a month. The fee to register on the Award and receive a Log Book is £25; this will be non-refundable. The cost of the expeditions will be £30 per expedition to cover expedition costs. 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 expeditions, thereby keeping any further costs to participants to the minimum necessary.

If you have any questions or wish to discuss this further with me, please do not hesitate to contact me through school. Further information on any aspect of the Award can be found at www.DofE.org.uk

Joanne Moss Duke of Edinburgh's Award Co-ordinator	
Consent form	
Please detach and return to Mrs Moss with £25 and the	he completed enrolment form.
Name of student:	Form:
 I/We wish my child to participate in the Silver I £25 (non – refundable) to receive the Award L 	Duke of Edinburgh Awards scheme and I enclose og Book.
Signed:	Date:



Yours sincerely.



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 ☐ Mis	s 🗆 Ms 🗆 Mrs	\square Other \square	ŀ	lome Addre	ss:				
First name:									
Middle name:									
Last name:									
Primary Language	2:								
Email:			F	Postcode:					
Date of Birth:			Т	Telephone Home:					
Age:			Т	Telephone Mobile:					
Gender: Male	☐ Female ☐		•						
The email provided al									
can be changed or re	noved by the partici	pant once they	open thei	r account. (Use	of personal er	nails addresses	may vary bet	ween centres)	
Centre Details									
DofE Centre Nam				Centre Address:					
				Crag Road,					
Central Lancaster				ancaster				-	
Telephone Numb	ar·			arreaster					
			Postcode: LA1 3LS						
DofE Centre Co-o	dinator Name:			osteode: Ert	1 313				
Mrs Joanne Moss	amator mamor								
Personal informa The following information people. Only complete would describe m	mation is used to		100 m				•	ung	
	ian or Asian Brit	ish			Black or Bi	ack British		Chinese	
	Pakistani Bangladeshi Other		ier	Caribbea			Any other	Chinese	
Mixed						White			
White & Black	White &	White &			Cypsy and	- ITAVEILEI		vviiite	
Carribbean	Black African	Asian	Other	Roma	Irish	Gypsy	Other	White	
I would consider myself to have a disability* Yes No 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 detai		DDONZE -	1 6:	INED =	6615				
Enrolment level:		BRONZE [LVER	GOLD				
Previously comple	ted award (s)	BRONZE	SI	LVER 🗆					

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

Operating Authority.	ged and insured, unless th Print Name	e activity is uni	Signature		Date
Parent/guardian:			3,6,1,4,4,1,5	,	/
arenty gauratan.				/	/
system. This system h	rticipant on a DofE progra as a set of terms and cond <u>s.aspx</u> (pdf document)				line <i>e</i> DofE
Applicant:				/	/
Payment					
I enclose a payment	for registration of:				
Cheques should be m	ade payable to: <i>Central</i>	Lancaster High	School		
DofE Charity, the parand progress.	nis form and information rticipant's Operating Aut	hority and Dof	centre to monitor and	d manage DofE p	participation
help participants cor effectively or help th	DofE Charity using person mplete a DofE programm se DofE Charity improve eDofE messaging system	ne, Leaders/Op the quality and	erating Authorities to	run DofE prograi	mmes more
For Operating Aut	hority/Centre admi	nistration o	nly		
Date registered onto 6	PDofE /	/			
Expected start date	/	/			
Participant Fee receive	ed Yes 🗆	No □			

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.

Username

User ID number

YPS ID number District Code

Initial password on set up