

13<sup>th</sup> November 2017

Dear Student,

Thank you for your interest in the Bronze Duke of Edinburgh Award. In order to confirm your place you need to fill in the attached form with all of your details. Please make sure that you and your parent/guardian have signed the forms otherwise you cannot be registered.

As part of the award you will be required to complete some basic training for the expeditions that will prepare you for your final expedition. The majority of this training will take place after school on the school site. By registering for the award you are agreeing to complete this training. If you miss a training session you will be required to catch up on what was missed at another time. The training will also include a practice expedition.

Both expeditions are compulsory in order to complete the award and will involve an overnight stay in a tent. There may be a small payment required to cover the cost of the campsites (this will not be more than £10 in total for both), this will be confirmed at a later date.

In addition to the expeditions there are three other sections for the Bronze Award; physical, skill and volunteering. **These sections must be completed before the expeditions. Students that have not completed these sections will not be invited to attend the expeditions, and will have to complete them at a later date.** The school will provide opportunities for completing these sections after school on the school site or students are welcome to find their own placements.

The cost of the award is £30 which you will need to include when returning your completed enrolment forms. Please pay by cash or cheque (to be made payable to North Cambridge Academy). Should you require any financial assistance to pay for the award please contact me.

**Please return completed forms and money to Suma in the main office.**

If you have any questions please email me or contact me via the school's number.

Kind regards



Miss Carroll

acarroll@northcambridgeacademy.org



## 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: North Cambridge Academy	DofE group:
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### DofE level:

Bronze <input checked="" type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you registered for any previous levels of the DofE? No <input checked="" 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) :

### 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:

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):	

P.T.O.



## 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 online eDofE 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](http://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	