



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: Smith's Wood Academy	DofE group:
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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) :

Personal details:

First name:	Last name:
Date of birth: / /	Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>
Email address:	
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.

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

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
		/ /



DofE Participant Enrolment Form

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.

We also send emails that contain information about the Charity, DofE negotiated privileged discounts and invites to events and other activities however if you would like to receive these emails you will need to opt in. Once you have opted-in to this you can opt out at any time by visiting www.dofe.org/preferences, or clicking the unsubscribe link that can be found at the bottom of all non-programme related email.

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	



THE DUKE OF EDINBURGH'S AWARD.

Bronze DofE Award Bitesize planner

This has been designed to help you when setting up your eDofE account.

Your name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Email address: _____

Your emergency contact's name: _____

Their relationship to you (parent/guardian): _____

Their telephone number: _____

Volunteering section planned start date: _____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Volunteering section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Physical section planned start date: _____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Physical section assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Skills section planned start date: _____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Skills section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Your DofE Leader will advise you on what to put in the Expedition section.

Duke of Edinburgh Award Student Contract

Duke of Edinburgh's Bronze Award

We are pleased to offer all students, the opportunity to start their Bronze Award. There are, however, a limited number of places available on the scheme. The start date of your DofE experience (should you be accepted) will depend on which group you are allocated in.

The Bronze Award involves the completion of four sections of work:

- Volunteering - an hour a week should be dedicated to serving others.
- Skill - an hour a week should be dedicated to developing a skill.
- Physical - an hour a week should be dedicated to developing proficiency in a physical activity.

The commitment to Volunteering, Skill and Physical may be split in one of four ways:

	Option 1	Option 2	Option 3
Volunteering	6 months	3 months	3 months
Skill	3 months	3 months	6 months
Physical	3 months	6 months	3 months

Commitment to the sections above can be spread over a period of time. Any time missed during a break can be made up by lengthening the timespan of the commitment or giving extra hours of commitment over a number of weeks. The aim is for students to have completed their Award within a year of enrolment. The fourth section is Expedition.

Expedition

This section requires the student to plan and complete a two-day hike in the countryside. Students must carry all of their kit with them, and this externally assessed expedition will involve camping overnight. In order to train for the expedition, 6 training days will take place on a weekend day. The provisional dates for all training and expeditions will be announced in due course. Smith's Wood Academy has a large collection of kit so will be able to support with equipment for the expedition.

For further details regarding the Award it is recommended that you visit the website www.dofe.org or email S.Weightman1@smithswood.fmat.co.uk

Students who are accepted for the Award will initially be required to pay £10 by the 15th March in order to enrol with the Duke of Edinburgh's Award Scheme, students will then receive a welcome pack. The additional £30 will be due by the 30th June and can be paid in monthly instalments of £10. If money is a barrier to you/ your child taking part, please do contact S.Weightman1@smithswood.fmat.co.uk

Completion of a Bronze Award will require exceptional commitment, but this will bring many rewards, developing expertise not only in their sectional areas, but also improving teamwork whilst building confidence and character.

We are hosting a parent information session at Smith's Wood Academy on **Wednesday 28th February 2024 at 5pm** to be able to provide you with more information about the award.

If your son/daughter is interested in taking the Award, they should complete and return the application pack to Miss Weightman by **Monday 4th March 2024**. Students will be notified after this date if they have been successful, those that have will need to pay the deposit via parent pay by the 15th March.

Should you have any further queries please do not hesitate to contact me.

Yours sincerely

Miss Weightman

S.Weightman1@smithswood.fmat.co.uk

Bronze Duke of Edinburgh's Award – Acceptance contract

1. I will attend weekly DofE meetings.
2. I will attend all training days.
3. I will submit all necessary evidence and assessors report.
4. I will complete the award.
5. I will follow the Duke of Edinburgh Award conduct policy.
6. I will represent Smith's Wood academy with pride.

I, agree to the above contract and understand the commitment I am making to complete this award.

Student's name Student signature

Parent/ Guardian name Parent/ Guardian signature

2024 Consent & Medical Form



To be completed by the Parent/Guardian.

SECTION 1: CHILD'S PERSONAL DETAILS

Child's First Name		Child's Last Name			
Address Line 1		Address Line 2			
City		County		Postcode	
Child's Date of Birth		Gender			

SECTION 2: PARENT/GUARDIAN CONTACT DETAILS

This should be the first person we contact while your child is with us.

Name of Parent / Guardian				
Relationship to child (e.g. mother/father/foster carer)				
Contact telephone numbers:	Home		Mobile	
Contact email address:				

Do you live with the child at the above address? Yes No

SECTION 3: OTHER EMERGENCY CONTACT DETAILS

Please provide the details for *two additional* emergency contacts, should we not be able to get through to the above listed primary contact. (All contacts must be responsible adults over the age of 18 years.)

	Emergency Contact 2	Emergency Contact 3
Name of contact		
Relationship to child e.g. mother/aunt/family friend		
Contact Telephone Number/s		

SECTION 4: DOCTOR'S DETAILS

Doctor's Name		Surgery Name	
Surgery Postcode		Surgery Telephone No.	

SECTION 5: MEDICAL INFORMATION

Medical conditions

Does your child have any diagnosed medical conditions or any additional needs? Please describe below:

Medication

Is your child prescribed any inhalers for asthma? If so, please list below in full.

For any inhalers, we required the name of the medication (e.g. ventolin) as well as the colour, how many puffs and when it needs to be taken.

Inhaler Name	Inhaler Colour	Number of puffs	Times / Frequency

Does your child take any prescribed and/or regular medication? Please list below in full.

Medication Name	Dosage	Times

Please provide all medication in original packaging with prescription label(s).

Is your child currently not taking medication that has been prescribed to them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, why is your child not taking this medication?

Dietary Requirements

Is your child allergic to any of the following allergens?

- | | | | | |
|---|---|--|--|---|
| Milk (inc Lactose) <input type="checkbox"/> | Crustaceans (prawn, crabs) <input type="checkbox"/> | Molluscs (mussels, oysters) <input type="checkbox"/> | Sulphur Dioxide / Sulphites <input type="checkbox"/> | Celery (inc. Celeriac) <input type="checkbox"/> |
| Nuts <input type="checkbox"/> | Soybeans <input type="checkbox"/> | Gluten <input type="checkbox"/> | Lupin <input type="checkbox"/> | Peanuts <input type="checkbox"/> |
| Mustard <input type="checkbox"/> | Sesame <input type="checkbox"/> | Fish <input type="checkbox"/> | Eggs <input type="checkbox"/> | Dairy <input type="checkbox"/> |

If so, please provide as much detail as possible, including severity, symptoms/reactions, and treatment:

Does your child have any other allergies/intolerances?

If so, please provide as much detail as possible, including severity, symptoms/reactions, and treatment:

For any of the above allergies, does your child require the use of an EpiPen? Yes No

Does your child have any dietary requirements? (E.g. Vegetarian/vegan diet, halal, etc.)

SECTION 6: ADDITIONAL INFORMATION

Does your child have any religious or cultural needs that must be met during their stay? Yes No

Please describe these needs below:

SECTION 7: CONSENTS

PARENT/GUARDIAN DECLARATION

I, being the parent/guardian of the above child have provided all information accurately and to the best of my knowledge. I consent to my child taking part in the Bronze Duke of Edinburgh Award scheme.

I understand that by signing this form I consent to the following:

Parent/Guardian Signature: (Please enter your name if signing electronically)			
Name of Parent/Guardian & Relationship to Child		Date Signed:	

Many thanks.

Duke of Edinburgh Award Photo Consent Form

In accordance with our child protection policy, we will not permit photographs, video, or other images of young people to be taken without consent. In order for, the Duke of Edinburgh Award to be awarded, evidence needs to be collected to prove that the activities were undertaken, therefore basic consent needs to be given in order for the participant to take part, additional consent is not compulsory. This is separate to any other photo consent that has been given.

Name of Student:		Form:	
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Declaration of consent	
Please tick each box (or strike out what you do not consent to), then sign this form	
<input type="checkbox"/>	I give permission for my photo to be used as evidence for my award.
<input type="checkbox"/>	I give permission for my photo to be used as part of other people's evidence for the award (e.g. a group photo)
<input type="checkbox"/>	I give permission for my photo to be used on the website to show the achievements of my group
<input type="checkbox"/>	I give permission for my photo to be used on social media to show the achievements of my group
Signature:	Today's date: