

NAME - \_\_\_\_\_

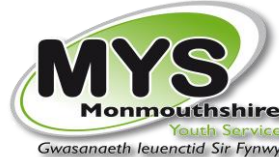
FORM - \_\_\_\_\_

LEVEL (Bronze, Silver or Gold) \_\_\_\_\_

Monmouthshire Youth Services

Duke of Edinburgh Award

Registration Pack - 2017-2018



The total cost to complete the Award is to be paid in full:

- Bronze £80.00 (Includes registration and 2 x 2 day expeditions)
- Silver £95.00 (Includes registration and 1 x 2 day & 1x 3 day expedition)
- Gold £95.00 (Includes registration and 4 day practice expedition)

Gold only - The cost for the main test expedition will be confirmed closer to the day but as an example the Lake district trip was for 6 days and cost £170.00.

**The total cost is to be paid by Parent pay**

**Please note that once we have paid for the registration there are no refunds available as we have to plan the year ahead and buy the necessary resources for the number of participants registered.**

Expeditions – All levels **must complete a minimum of 2 expeditions to complete the award** (1 x practice & 1 x assessed test expedition)



# Monmouthshire Youth Services

## Duke of Edinburgh Award

### Mobile & Email Consent Form

#### **Consent for use of mobile phone and e-mail contacts for communication.**

We have found that by far the most effective and efficient method of communication with young people participating in the Duke of Edinburgh Award is via text messaging, supported by occasional e-mail. If you are in agreement, please complete the form below, giving your consent for us to use this method of communicating.

The award is run by Monmouthshire Youth Service staff and volunteers, and not by the school itself. The only people with access to these contacts will be Andy Woolley (Coordinator of D of E for Monmouthshire Youth Service)

**I agree to Andy Woolley using the following personal mobile and e-mail contacts for communication specifically concerned with the Duke of Edinburgh Award.**

**Mobile phone:** .....

**E-mail:** .....

**Signed:** .....  
(Parent or Guardian)

**Signed:** .....  
(Participant)

**Please return the DofE application form & the MYS consent forms with the appropriate fees - please tick the relevant box**

Bronze	<input type="checkbox"/>
Silver	<input type="checkbox"/>
Gold	<input type="checkbox"/>

Thank you.



# Monmouthshire Youth Services

## Duke of Edinburgh Award

### Participant Enrolment Form

Please print clearly in CAPITALS or type details in. You must complete all the questions.  
 Questions with a \* symbol are mandatory fields within eDofE.

If you know the centre and group details, please enter them here:

DofE centre:	DofE group:
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#### Personal details

Title*: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other	Home Address 1*:
First name*:	Home Address 2:
Middle name:	Home Address 3:
Last name*:	Home Town/City*:
Primary Language:	Home County:
Email*:	Home Postcode*:
Date of Birth*:	Telephone no (home):
Age:	Telephone no (mobile):
Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>	

#### Ethnicity\*: (tick one)

Asian or Asian British				Black or Black British			Chinese or other	
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy and Traveller				Mixed				White
Irish Traveller	Gypsy	Roma	Other	White & Black Caribbean	White & Black African	White & Asian	Mixed (Other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)								
Do not wish to state				<input type="checkbox"/>				

#### My knowledge of the Welsh Language is:

Fluent	Some knowledge	Little knowledge	No knowledge
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Enrolment level*: (tick one)      Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
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Previous levels/sections* – please tick which sections/levels you have completed:	
Bronze	Silver
<input type="checkbox"/> Completed entire level	<input type="checkbox"/> Completed entire level
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Physical	<input type="checkbox"/> Physical
<input type="checkbox"/> Skills	<input type="checkbox"/> Skills
<input type="checkbox"/> Expedition	<input type="checkbox"/> Expedition

Next of kin name*:
Relationship to next of kin*:
Next of kin telephone:
Next of kin email:



# Monmouthshire Youth Services

## Duke of Edinburgh Award

**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 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 OA.

	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: <a href="http://www.eDofE.org/Terms.aspx">www.eDofE.org/Terms.aspx</a> (pdf document)			
Applicant:			/ /

The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. I would describe myself as (please tick the relevant box):

I consider myself to have a disability 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'.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes to either of these questions, please specify:				

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/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact 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	

**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.



# Monmouthshire Youth Services

## Duke of Edinburgh Award

### Monmouthshire Youth Service DofE Consent Form

**IMPORTANT:** This form must be completed by the parent or guardian if participant is under 18 years of age and by the participant if he/she is over 18 years of age. Overnight stays Bronze supervised, Silver practice supervised & test remote supervision, Gold remote supervision.

Event/Activity:

#### Young Person's Details

First Name:  Surname:

Address:  Date of Birth:     
Your Mobile:

Your email address:

Has the young person experienced any of the following:	Asthma/Bronchitis	Y / N	Diabetes	Y / N	If you have answered 'yes' to any points on the left, please give details:
	Sight/Hearing needs	Y / N	Back injuries	Y / N	
	Heart Condition	Y / N	Epilepsy	Y / N	
	Fits/Fainting/Blackouts	Y / N	Travel sickness	Y / N	
	Severe headaches	Y / N	Dental Problems	Y / N	
	Anaphylactic Shock	Y / N	Skin Conditions	Y / N	
	Allergies	Y / N	Medications	Y / N	
	Pregnant	Y / N	Other	Y / N	

#### Emergency Contact Details

Emergency Contact Name:  Relation:

Emergency Contact Number 1:  Emergency Contact Number 2:

Doctor's Name:  Doctor's Telephone:

#### Consent

I certify that the information given on this form is accurate and correct to the best of my knowledge.  
 I give permission for my child to attend the Event/Activity and I agree that on occasion the adult supervision maybe all male or female.  
 I have ensured that my child understands the information for his/her safety and, for the safety of the group and that any rules and instructions given by staff are to be obeyed. I understand that any misbehaviour will result in my child being removed from the Event/Activity. For those doing Gold level I understand that supervision is limited on the camps and that during the overnight stays adult supervision is in the same locality but not the same campsite, this also applies to the Silver test. Supervision on the campsites may be all male/female, however where possible it will be mixed. During practice expeditions supervision is appropriate to the level of the award and training may be given during the event, however during tests, supervision is much more remote.  
 I undertake to inform the leader of any changes in the fitness of my child.  
 I understand that walking in the National Parks, wild country and lowland areas can be considered to be a higher risk activity and that my child participates at his/her own risk.  
 I give permission for photographs or videos to be taken during this Event/Activity, and for them to be used for publication and for use on the Monmouthshire County Council and/or Monmouthshire Youth Service websites, Facebook and Twitter.  
 I give permission for the information on this form to be recorded on a computer database for reference purposes only.

**First Aid Consent:** I give my consent for the administration of basic first aid treatment by a qualified instructor male or female.  
 I give my consent for my child to be taken to the nearest point of safety i.e. GP surgery or hospital by car / mini bus with a member of staff (male/female) or by ambulance in an emergency also with a member of staff (male/female).

Signed:  Date:   
Parent/Guardian

**I understand that, for the safety of the group and myself, I will undertake to obey the rules and instructions of members of staff.**

Signed:  Date:   
Participant/Young Person

This form should be returned by the deadline, with payment if required, to the return point. Failure in returning this form by the agreed deadline may result in your child being unable to secure a place at the event/activity; this is to enable us to comply with health and safety regulations. Cancellations must be made 7 days before the day of the event/activity to claim a refund.