



Charters School

Specialist Sports and Science College

14 December 2011

Dear Parent/Carer

Thank you for your initial payment for the Duke of Edinburgh Award.

Please accept our apologies for the delay in writing. We have extended the deadline of the final payment to 11 January 2012. The final payment due is £200 for Bronze (making a total of £300) and £250 for Silver (making a total of £350). Please can you return the slip at the bottom of the page to the school's Returns Box in Reception in an envelope marked "Duke of Edinburgh Award" together with your cheque, made payable to "RBWM" with name and tutor group printed on the reverse. Due to payments necessary to our external provider, the money paid is non-refundable. In circumstances such as illness/injury preventing students carrying out expedition work, students can contact Wilderness Expertise in order to defer and get involved again in subsequent years to complete their award.

Please find attached several forms which will also need to be returned with this cheque.

eDofE Participant Enrolment Form

This is processed by the DofE Manager at RBWM and registers the students onto the award. It also enables the students to log their progress online so that they can start recording hours completed. Their mentor is also able to access their record to check their progress and offer advice where necessary.

Charters School Enrolment Form

This form allows us to check that the activities chosen by the student are acceptable for each category as we would not want them to spend six months working on an activity, only to find that it is not acceptable for that category. It also helps us to allocate a mentor to each student, who will oversee their award and be the initial point of contact.

OA4 Off-Site Activity Medical and Consent Form

This form must be completed in order for us to take the students off site. We will use the same form for each expedition and training session, however, please can you ensure you let us know if any details do change. You can email any changes to me on coomd009@rbwm.org

Training Weekend

The training weekend takes place on Saturday 4 and Sunday 5 February 2012. Students will meet at Charters School at 8.30am and finish at 4.30pm both days. We will be at school on the Saturday and at the Lookout Centre, Bracknell on the Sunday, travelling both ways by school minibus. Students will need to be collected from school.

Expedition Dates

Please can I also take this opportunity to remind you of the expedition dates:

- **Saturday 28/Sunday 29 April 2012** – Bronze Practice Expedition
- **Friday 27/Saturday 28/Sunday 29 April 2012** – Silver Practice Expedition (leaving after school)
- **Saturday 7/Sunday 8 July 2012** – Bronze Qualifying Expedition
- **Saturday 14/Sunday 15/Monday 16 July 2012** – Silver Qualifying Expedition

If you have any further queries, please do not hesitate to contact me at school.

Yours sincerely

D. Coombes

MISS D COOMBES
Duke of Edinburgh Co-Ordinator

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DUKE OF EDINBURGH AWARD

Please find enclosed final payment of £.....

Pupil Name: Tutor Group:

Signed (Parent/Carer): Date:

Shared/does/2011-12/letters/does final payment/dec11

Charters Road, Sunningdale, Ascot, Berkshire SL5 9QY

Tel: 01344 624826 | Fax: 01344 875182 | Email: charters@chartersschool.org.uk | Web: www.chartersschool.org.uk

Co-Headteachers: Martyn Parker & Richard Pilgrim





Sue McCulloch
DofE Manager
Youth Services
Town Hall
St Ives Road
Maidenhead
SL6 1RF
Tel: 01628 796478



eDofE PARTICIPANT ENROLMENT FORM

Please print clearly

Surname _____ Forename(s) _____

Address _____

Post code _____

Tel No. _____ e-mail _____

Date of birth ____/____/____ age ____ Male Female

Award Group _____ Leader's name _____

I would like to enter the Award at Bronze Silver Gold

I am interested in the following activities

Volunteering _____ Expeditions _____

Skills _____ Physical Recreation _____

I agree to enrol as a participant on a DofE programme. You will be doing your programme using the 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 (pdf document)

Signature of applicant _____ date ____/____/____

Consent of parent or guardian (for young people under 18 years of age)

I agree to my son/daughter/ward participating in The Duke of Edinburgh's Award

Signature of Parent/Guardian _____ name _____ date ____/____/____

Signature of Award Leader _____ name _____ date ____/____/____

Entrance Fees: _____ Cheques and Postal Order made payable to RBWM

Bronze and Silver level £14.00 and GOLD award level cost £20.00 (incl. £2.00 service/admin charge)

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

| Asian or Asian British | | Black or Black British | | Chinese | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Indian | Pakistani | Bangladeshi | Any other | Caribbean | African | Any other | Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Mixed | | | White | | | Other (specify) | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| White & Black Caribbean | White & Black African | Any other | White & Asian | British | Irish | Any other | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

I 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".

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Royal Borough of Windsor & Maidenhead (The Operating Authority) and the DofE Centre/Group 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/OA's 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 OA administration only

| | | |
|----------------------------|-----|----|
| Date registered onto eDofE | / | / |
| Expected start date | / | / |
| Participant fee received | Yes | No |
| Username | | |
| User ID number | | |
| Initial password on set up | | |

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

**OA4 – OFF SITE ACTIVITY & MEDICAL CONSENT FORM - CHARTERS SCHOOL
PARENTAL CONSENT FORM FOR OFF-SITE AND HAZARDOUS VISITS**

PLEASE FILL IN ALL BOXES (PUTTING 'NOT APPLICABLE' WHERE RELEVANT)
This form must be completed by the parent/carer if the participant is under 18 years of age,
and by the participant if he/she is over 18 years of age

| | | | |
|---|----------------|-----------------------------|-------------|
| STUDENT NAME | TUTOR GROUP | DATE OF BIRTH | MALE/FEMALE |
| HOME ADDRESS | | | |
| FULL TELEPHONE NUMBERS IN CASE OF EMERGENCY | NAME OF PERSON | RELATIONSHIP TO PARTICIPANT | |
| 1. | | | |
| 2. | | | |
| 3. | | | |

Please give numbers for **at least 2 people** who will be available over the period of the trip. **First contact must be a parent/carer.**

It is vital that we have **up-to-date and accurate information** about the participant's health and any medications they are taking. Please give as much information as possible and alert the Trip Leader to any changes that may impact on the trip as soon as they occur.

| | | |
|--|--|--|
| ALLERGIES Please give details of any allergies the participant may have, eg: plasters, insect stings, penicillin, nuts etc | | |
| MEDICAL CONDITIONS Please give details of any medical conditions for which the participant is receiving treatment OR which may affect their health during the trip or ability to take part in the activities. Please give details of any medical conditions, eg: diabetes, epilepsy etc | | |
| MEDICATION Please give the names of any medication your child is taking including Epipen | FREQUENCY & DOSAGE What do they take and how often? | PLEASE NOTE HERE IF THIS IS MEDICATION WHICH WILL NEED TO BE KEPT AND DISTRIBUTED BY STAFF |
| FURTHER INFORMATION Please give details of any other information we should be aware of in relation to the participant's health and well-being on this trip, eg: any disabilities, special needs information | | |
| HAS THE PARTICIPANT HAD A TETANUS IMMUNISATION WITHIN THE LAST 10 YEARS? (usually as a pre-school booster) | YES / NO | |
| NAME, ADDRESS AND TELEPHONE NUMBER OF GP | NHS NUMBER | |

*please advise of any infectious illness in the 4 weeks prior to departure

| | |
|---|---|
| DOES THE PARTICIPANT REQUIRE A VEGETARIAN DIET? YES / NO | DETAILS OF ANYTHING THE PARTICIPANT CANNOT EAT FOR MEDICAL OR RELIGIOUS REASONS |
|---|---|

| | |
|-----------------------------------|---|
| HOW FAR CAN THE PARTICIPANT SWIM? | DO YOU GIVE PERMISSION FOR THE PARTICIPANT TO TAKE PART IN SUPERVISED SWIMMING? YES / NO |
|-----------------------------------|---|

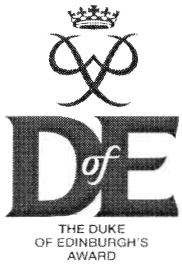
PHOTOGRAPHS: photographs will be taken during the trip, some of which will be used by the school in promotional documents and on the website unless you have informed the school otherwise.

STATEMENT

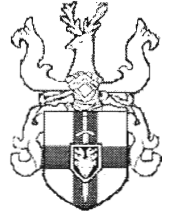
I acknowledge receipt of the information regarding the proposed activity to on and consent to the participant/myself named above, participating.

I agree to staff on the activity giving permission for the participant/myself to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in the participant's/my fitness prior to departure. I have ensured, as far as I reasonably can, that the participant/I understand that it is important to safety that any rules and instructions given by the staff in charge are obeyed.

Signed: Date: Relationship to participant:



Charters School Enrolment Form



Personal Details:

| | |
|------------------------------|------------------------|
| Name | |
| Tutor Group | |
| Award | Bronze / Silver / Gold |
| Parent/Carer's Email Address | |
| Dietary Requirements | |
| Medical or other information | |

| | Activities Chosen | Who will be signing off this section? |
|--------------|-------------------|---------------------------------------|
| Physical | | |
| Skills | | |
| Volunteering | | |

Mentor Details: (to be completed by Charters School)

| | |
|---------------|--|
| Name | |
| Email address | |
| Department | |