# DofE Participant Enrolment Form

DofE Centre: The Kimberley School (Bronze/Silver/Gold)

DofE Level (you wish to participate in) ☐ Bronze ☐ Silver ☐ Gold

Have you registered for any previous levels of the DofE? ☐ Yes ☐ No

If YES – please give the name of the DofE Centre you were registered at

eDofE ID number (if known)

## Student Details

First Name Last Name

Date of Birth ☐☐/☐☐/☐☐☐☐ Primary Language

Email Address (please use your school email)*

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.

## Health & Wellbeing

Please list any allergies, medical conditions and medicine that the participant is subject to or include any other health related concerns we should be aware of.

Emergency Contact 1 (and relation) Phone

Emergency Contact 2 (and relation) Phone

## 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 are available at ww.eDofE.org.

By signing the guardian(s) and/or participant confirm that they have read and understood the accompanying **DofE contract** and agree to the terms.

Participant Name (in full)

Signature

## 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.

Guardian Name (in full)

Signature

Date of Application ☐☐/☐☐/☐☐☐☐

# Duke of Edinburgh Contract

1) I agree to my child receiving any medical treatment, including anaesthesia, as considered essential by qualified medical professionals present.

2) I undertake to inform the D of E Manager of any medical conditions my child has via email and I will inform them of any change in medical circumstances between now and the completion of the expedition section of the Award.

3) On training expeditions participants undertake supervised instruction for their level of the Award, and on practice and qualifying expeditions will be walking with their group under remote supervision. I understand that these are activities with the inherent potential for injury, and give my permission for my child to take part in D of E activities.

4) As participants progress through the levels of the Award an increasing degree of independence and responsibility is paralleled by a decrease in the level of supervision. Whether supervised directly or indirectly, the highest level of behaviour is expected from all concerned, with particular emphasis on respectful conduct towards D of E staff, other participants, members of the public and the countryside. I understand that inappropriate behaviour may lead to my child's exclusion from all D of E activities without refund.

5) The School's D of E staff are volunteers who give their time to support our young people through the Award. I understand that rude or aggressive behaviour towards D of E staff is unacceptable under any circumstances.

6) Some equipment will be issued to groups/individuals by the School. The group/individual takes responsibility for this equipment while it is in their possession. I understand that loss of or wilful damage to this equipment during D of E activities will require it to be replaced on a like-for-like basis.

7) Participants are required to attend all training, practice and qualifying activities in order to achieve the Award. Dates for the training, practice and qualifying expeditions will be specified at the start of the Award.

8) All four sections of the Award (Volunteering, Skill, Physical and Expedition) must be completed in order to achieve the Award. I understand that successfully completing the Expedition section alone is insufficient to achieve the Award and I will not be able to participate in the expedition if I have not completed 2 or more sections prior to this weekend.

9) I understand that the deposit required to register my child for the Award is non-refundable under any circumstances. Payments for the balance of the Award fee are payable according to the payment schedule indicated in the letter. Failure to meet these payments may result in my child being withdrawn from the Qualifying Expedition. All payments should be made by ParentPay.

10) I hereby consent to the use of my child's name, likeness and speech in any audio/videotape, film or photograph made during any D of E activity for any legitimate purpose by The Kimberley School and D of E Central England, except in circumstances where such consent has specifically been declined as part of the School's GDPR policy.

11) I hereby give permission for my child to travel in appropriately insured cars owned and driven by D of E staff if necessary. This will only be in case of an emergency on expedition.

12) Mobile phones are not permitted on expedition weekends. I understand that if a child is seen with a mobile phone, it will be confiscated. All groups will be allocated two members of the group to carry an emergency phone to ensure contact can be maintained should it be required.

13) A hard copy of this D of E contract will be provided to be signed by the participant and by a parent, carer or other adult with legal responsibility.