

19th July 2018

Dear Parents / Guardians

We are offering the opportunity for year 10 to complete the Silver Duke of Edinburgh's Award. This should not be undertaken lightly as they will also be studying GCSEs in this time. However we shall ensure there is minimum disruption. There will not be a need to meet as regularly as we did for Bronze but it is vital that training is attended when requested.

To complete Silver Award it requires completion of four sections: volunteering (6 months), physical (6 or 3 months), skill (6 or 3 months) and two 3 day & 2 night expedition. These are the timescales once Bronze Award has been achieved therefore to be accepted on to the Silver Award, the **Bronze Award must be completed and submitted (with all assessor reports) by 14th September**. If this is an issue I will meet with individual students to discuss the reasons. If a direct entrant (did not do Bronze) one of the 6 month sections becomes 12 months.

Please complete the attached permission slip allowing off site visits and the registration form (this gets sent to the Worcestershire office). I have also enclosed a reminder of suggested kit list. The most important piece of kit is walking boots which should be well worn by the time we go out on expedition. It is also worth considering buying lighter kit as they will need to carry kit for an additional day and night.

The website www.dofe.org contains lots of information about the scheme as well as a list of approved activities for each of the sections 'Physical', 'Skills' and 'Volunteering'. Remember 1 hour per week is required for all sections. Students can continue to use the same sections completed for the Bronze Award but should show progression from this..

The total cost will be £200 with a £80 deposit required on sign up (this will not be paid in until the Bronze Award has been completed). If a student has not completed the Bronze Award that started it this money will be refunded and they will not take part in Silver Award. Payments can be made on ParentPay, cheques to CWLC or cash. These should all be returned to Mr Hunt by Friday 14th September.

The expedition dates are set as 6-8 October 2018 and 6-8 April 2019. If you cannot make these dates for any reason your expedition would be deferred to a later date.

Yours sincerely,

Mr D Hunt
Duke of Edinburgh coordinator at CWLC

Documents enclosed:

- Suggested kit list
- Off site permission slip (please complete and return)
- Registration form (please complete and return)
- Payment card (please send this in with any payments – total balance of £200 due by January 2019 (£80 deposit required on sign up).

SUGGESTED KIT LIST

Personal

- Boots / Robust trainers (not dolly shoes, slip on trainers etc)
- Socks
- Underwear
- T Shirts
- Sweater (fleece if possible)
- Trousers / shorts (NOT denim)
- Shoes/trainers to be worn at camp
- Waterproof coat (not shower proof!)
- Hat (for sunny or cold conditions)
- Waterproof trousers
- Torch
- Pencil & Notebook
- Watch
- Ruck Sack - 65 litres ample * (make sure you have the correct gender - different designs for male and female)
- Sleeping bag
- Toiletries - (aim for travel size and you can share in your group)
- Towel
- Sun screen
- Sun glasses
- Mug, bowl, plate, knife, fork, spoon
- Water bottle - at least 1 litre
- Food (don't forget tin opener if needed!)(no raw meat and remember no fridge available)
- Emergency rations (not to be eaten before end)
- Mobile phone (to be off and sealed in an envelope by staff - only used in an emergency! Will be looked after by staff when accompanied)
- Medicine - inhalers and EpiPens

Kit provided by school

- ✓ Sleeping mats
- ✓ Tents
- ✓ Trangia cookers
- ✓ Fuel
- ✓ Washing up liquid, bowls, cloths, pan scrubbers, tea towels
- ✓ Maps
- ✓ Compasses
- ✓ Survival bags
- ✓ First aid kits
- ✓ Whistle
- ✓ Spark lighters
- ✓ Route Cards
- ✓ Survival shelters

Optional

- Thermals
- Money for pay phone
- Waterproof bags to store kit / valuables
- Camera
- Insect repellent

DO NOT BRING: music players, make up, jewellery, large quantities of money or valuables, hairdryers/hair straighteners.
YOU CAN LIVE WITHOUT ALL OF THESE.

* We have a quantity of these available to borrow in school - please ask.



Please print clearly in CAPITALS or type your details in. You must complete all of the questions.

DofE Centre and group details

DofE Centre: CWLC	DofE group: [REDACTED]
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DofE level:

Silver <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: Christopher Whitehead Language College
Your eDofE ID number : [REDACTED]

Personal details: PLEASE COMPLETE IN CAPITALS

First name: [REDACTED]	Last name: [REDACTED]		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: [REDACTED] / [REDACTED] / [REDACTED]	Age	
Date you wish to start your DofE programme if known (enrolment date): 1 /9 /2018			

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 [REDACTED] / [REDACTED] / [REDACTED]
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Consent to enrol from parent or guardian (if applicant is under 18 years old).

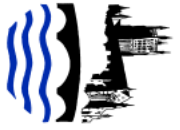
I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name:	Signature:	Date [REDACTED] / [REDACTED] / [REDACTED]
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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.

The DofE 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 mail.



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Headteacher: Neil S. Morris, B.Ed., M.A.

**PARENTAL CONSENT FORM
FOR ALL OUT-OF-SCHOOL ACTIVITIES**

1. **PARENTAL** September 2018-July 2019 offsite/DofE activity
Date(s) _____

Child's name _____ Mentor group: _____
Child's date of birth: _____

I agree to my child taking part in this visit and have read the information sheet. I agree to his/her participation in the activities described. I acknowledge the need for him/her to behave responsibly.

2. MEDICAL INFORMATION ABOUT YOUR CHILD:

a. Does he/she have any current condition(s) requiring medical treatment/medication?

If YES, please give brief details: _____

b. Please outline the type of pain relief/medication your child may be given if necessary:

c. Has your son/daughter been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may be contagious or infectious?
If YES, please give details: _____

(N.B. If this occurs between the completion of this form and the visit itself, please let the visit organiser know immediately)

d. Is your child a vegetarian, or does he/she have any other dietary requirements?

d. Is your son/daughter allergic to any medication?
If YES, please give details: _____

e. When did your son/daughter last have a tetanus injection?

I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. DECLARATION

I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with recommendation of a qualified medical practitioner.

Weekend Contact telephone numbers for parent(s):

Work: _____ Home: _____

Home address: _____

Alternative emergency contact

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

PARENTS' SIGNATURE: _____ Date: _____

Full name (capital(s)): _____

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**



Christopher Whitehead
Language College

SILVER

Payment card



Final payment should be
received by Fri 25th
January 2019

Due Date	Amount	Date received	Signed
September 2018	£80		
October 2018	£30		
November 2018	£30		
December 2018	£30		
January 2019	£30		
Total	£200		