

28th September 2018

RE: Duke of Edinburgh Award Scheme - Bronze Award

Dear Parent,

Young people growing up in this modern complicated world have many difficulties to face and opportunities for personal achievement can be limited. This scheme is intended to help both the young and those concerned for their welfare. Its object is to introduce worthwhile leisure activities and to voluntary service; as a challenge to the individual to discover the satisfaction of achievement and as a guide to those people and organisations who would like to encourage the development of their younger fellow citizens.

The Duke of Edinburgh Award Scheme have now changed their rules from candidates having to be 14 to having to be in year 9 for the Bronze Award. This means that we can offer year 9 the challenge of completing the Bronze Award.

The school is a Duke of Edinburgh centre which is coordinated by myself, Mr D Hunt supported by several other members of staff. Your child has shown an interest in taking part in this scheme following a walk across the Malvern Hills and collecting this letter. Most training sessions will take place on Thursday lunchtimes or after school in school time throughout year 9 so it is **essential** they are able to attend these sessions each week.

The Duke of Edinburgh Award scheme is in four sections and must be undertaken for a minimum of time as shown. This must be regularly updated using the website www.edofe.org. This has been explained to your child:

- **Volunteering** - e.g. helping people, community projects, charity work (3 months)
 - **Skills** - arts, music, science, life skills, communication (3 months)
 - **Physical** - sports, dance, martial arts, fitness, racquet games (3 months)
- With **one** of the above sections undertaken for at least 6 months. A list of suitable activities can be found at: <https://www.dofe.org/en/content/cms/doing-your-dofe/activities-sections/>
- **Expedition** - planning, practising and then being assessed on a journey. Students will be trained in navigation, camp craft, first aid etc. This will take most Thursdays this year. The **expedition** dates for the expeditions are weekends 18-19 May and 13-14 July. There will also be a practice day likely to be in February/March. If you are likely to have any clash of dates (wedding/holidays etc) please get in touch before making any payments.

Whilst the school will support the completion of the Award it is important that the students take responsibility for completing the other 3 sections themselves. The expected time frame is based on **at least one hour a week per section** and therefore the student must make sure they are fully committed to this scheme. However, it is perfectly acceptable to choose an activity that they already take part in. Students who have not completed the 2 shorter sections will **NOT** be allowed to take part in the practice expedition and must have completed all 3 by the assessed expedition (unless there are extenuating circumstances). Anyone unable to complete the scheme or attend expeditions will be offered the opportunity to complete later with different year groups. There will not be a refund.

The cost of the scheme will be **£150** which will include registration, log books, insurance, campsite fees, tents and stoves. A suggested kit list is attached. The **non refundable £50** deposit and all attached forms (apart from the kit list) should be returned by Friday 19th October and the remaining £100 by 28th February. To make payments more manageable I have setup a payment card and a monthly amount to be paid November - February - please hand in this card with each payment. If you pay online via parent pay there is no need to use the payment card. Cheques should be made payable to CWLC.

If you require more information about the Duke of Edinburgh award please visit www.dofe.org or contact me at d.hunt@cwlc.email
We maintain a twitter page on @CWLCDofE

Yours faithfully,

Mr D Hunt (Director of studies i/c Curie House and Duke of Edinburgh)

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 (optional)
- Waterproof coat (not shower proof!)
- Hat (for sunny or cold conditions)
- Waterproof trousers (optional)
- Torch
- Watch (optional)
- Ruck Sack - 65 litres ample *
- Sleeping bag
- Toiletries - (aim for travel size and you can share in your group)
- Towel (optional)
- Sun screen - check the weather
- 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 unless an emergency)
- 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
- Thermals (optional)
- Waterproof bags to store kit / valuables (optional)
- Camera (optional)
- Insect repellent (optional)

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

Kit provided by school if requested

- ✓ 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

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

Please return to Mr D Hunt by Friday 19th October 2018

Christopher Whitehead Language College: Bronze Award

Student's name..... Learning Mentor Group.....

- I request that my child be considered to take part in the Duke of Edinburgh scheme.
- I understand that they will need to commit to completing all 4 sections of the award. They will not be allowed to complete the practice expedition without completing 2 of skill/physical/volunteering or assessed without completing all 3 unless there are extenuating circumstances.
- I will ensure they attend all training and show commitment to this scheme.
- I understand that without the training for the expedition my child would be unable to take part or complete their expedition section. Their expedition would be differed to the following year.

I enclose a £50 deposit (this should be to me by Friday 19th October 2018). I understand the remainder of the money should be paid for by 28th February. I know I can pay this in instalments using the attached card. I will contact Mr Hunt if there are any difficulties with payment. I understand there are no refunds if my child quits DofE.

Parental signature..... Date.....

- I wish to be considered to take part in the Duke of Edinburgh scheme.
- I will show commitment to completing all four sections of this award.
- I will attend all necessary training at lunchtimes throughout year 9.
- I will approach staff to discuss any issues I have with completing the Award
- I understand that I will need to show commitment to this during times when there may be examinations, coursework and homework.
- If my behaviour in school or on expedition is below acceptable standards I understand I will be removed from the Award scheme.

I have looked at the Duke of Edinburgh website and am considering the following section ideas (I can change my mind if I want) and who (no relatives) the assessor would be:

Volunteering	Volunteering assessor	Physical	Physical assessor	Skill	Skill assessor

Student signature..... Date.....

	Students LM Group
	Students name



Date	Amount	Date received	Signed
October 2018	£50		
November 2018	£25		
December 2018	£25		
January 2019	£25		
February 2019	£25		
Fully paid up	£150		



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

DofE Centre and group details

DofE Centre: Christopher Whitehead Language College	DofE group: Bronze 2018
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Personal details of Student: PLEASE COMPLETE IN CAPITALS

First name:	Last name:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /	Age	
Date you wish to start your DofE programme if known (enrolment date): 01 /10 /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 / /
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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 / /
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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.



Christopher Whitehead Language College



Bromwich Road, Worcester, WR2 4AF
Tel: 01905 423908 Fax: 01905 420788
E-mail: admins@christopherwhitehead.worcs.sch.uk
Headteacher: Neil S. Morris B.Ed., M.A.

PARENTAL CONSENT FORM FOR ALL OUT-OF-SCHOOL ACTIVITIES

1. PARENTAL CONSENT FOR THE VISIT TO Any offsite Dove activity

1. Date(s) September 2018 - July 2019
2. 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 conditions 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 (capitals): _____

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