

June 2016

Dear Parent/Carer

Bronze Duke of Edinburgh's Award at Beaumont School

We are pleased to let you know that following invitations to all Year 9 students to join the Beaumont School Duke of Edinburgh Award's Scheme, your son/daughter has been allocated a place based on their successful application.

Your son/daughter will have from September 2016 to June 2017 to complete their Bronze Award. In order to achieve the Bronze Award students are required to complete a personal programme of activities in four sections - Volunteering, Physical, Skills and Expedition.

Students will be required to complete all four sections independently under the supervision of a school based Group Leader. Students are required to complete their Volunteering, Physical and Skills sections prior to the completion of their Expedition. Please note that students are expected to contribute £103 to cover the costs of the expedition. Hertfordshire County Council also charges an enrolment fee of £22, meaning the total cost of a participant place at Beaumont School is £125.

The Bronze practice expedition will take place from **Saturday 6 May to Sunday 7 May 2017**. The Bronze qualifying expedition will take place on **Friday 16 June to Saturday 17 June 2017**. There will also be a compulsory training day on **Saturday 4 March 2017**. Please note that students must attend and pass the practice expedition in order to gain a place on the qualifying expedition.

There will be a brief parent and student information evening on **Wednesday 13 July 2016** in the school hall at **7.00pm**. I will provide detailed information regarding requirements, structure of the programme and participant guidelines at this meeting. This is also an opportunity for parents/carers to ask any questions relating to the Duke of Edinburgh's Award Scheme.

In order to confirm your son's/daughter's place please return the attached enrolment form (**please complete form clearly in capital letters**) along with the enrolment fee of £125.00 by Monday 11 July 2016 to the finance office. Please make cheques payable to Beaumont School. Alternatively, you can make an online payment. If there is any difficulty making this payment, we can arrange a suitable payment plan.

I hope to see you and your son/daughter at the information evening, in meantime if you have any general enquiries, please take a look at the following website: <http://www.dofe.org/> or www.beaumontschooldofe.blogspot.com.

Yours sincerely

E Dickson (Ms)
The Duke of Edinburgh's Award Coordinator

Please return to the finance office by Monday 11 July 2016

I have received the recent letter regarding Duke of Edinburgh's Bronze Award and am aware of the important dates.

- I have paid £125.00 online
- I enclose a cheque payment of £125.00 (*payable to Beaumont School*)

Student: Form:

Signature Parent/Carer: Date:



Beaumont School 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: Beaumont School	DofE group:
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Personal details

First name*:	Home Address 1*:
Middle name:	Home Address 2:
Last name*:	Home Address 3:
Primary Language:	Home Town/City*:
Date of Birth*:	Home County:
Age:	Home Postcode*:
Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>	Telephone no (home):
PLEASE WRITE EMAIL ADDRESS CLEARLY!!	Telephone no (mobile):
Email*:	

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"/>					

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:

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:			/ / 2016
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: www.eDofE.org/Terms.aspx (pdf document)			
Applicant:			/ / 2016

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	/ / 2016
Expected start date	/ / 2016
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.