



# Backwell School

An Ofsted Outstanding School  
A National Teaching School

Station Road, Backwell,  
Bristol BS48 3BX  
Tel: 01275 463371  
mailbox@backwellschool.net  
www.backwellschool.net

Headteacher: Jon Nunes MA

## Silver Award 2017/18

### Key dates:

Event	Date	Days	Venue/Location
Training Day	Saturday, 24 February 2018	1	Backwell School
Bronze Practice Expedition	Saturday, 14 to Monday, 16 July 2018	2	Dartmoor
Training Day	Saturday, 8 September 2018	1	Backwell School
Bronze Assessed	Friday, 12 to Sunday 14 October 2018	2	Black Mountains

**Note:** All training days and expedition must be attending to successfully complete the expedition section of the award

### Cost

The total cost for taking part in the award in 2017-18 will be no more than **£340**. This includes the enrolment fee paid directly to the Duke of Edinburgh charity and expedition costs, which include camping fees, use of tents, maps, stoves, fuel, staffing and assessors. It also includes the cost of coaches to transport the students to and from the expedition locations.

Other costs to consider are food, personal kit and parents providing transport to meeting/pick up points, which are not included in that total.

### What now?

To secure your son/daughter's place on the Silver Award Scheme, a payment of £50 (non-refundable) must be made via ParentPay **by Friday, 3 November**.

We also require a signed enrolment form and medical form to be completed and handed into Student Services **by Friday, 3 November** to confirm your son/daughter's place.

A letter detailing further payment instalments will be sent out in due course.

Your son/daughter should also have arranged and be ready to start all sections by mid-November, this gives them enough time to complete the award during Year 12/13. We ask that their Bronze Award programme is completed and assessors identified prior to an eDofe training session in November.



To take part in the Duke of Edinburgh award you will need to complete this enrolment form, please can this be handed into *student services* by **Friday, 20<sup>th</sup> October along with a full, complete and signed medical form.**

## DofE Participant Enrolment Form

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

**DofE Centre and group details (if you know them):**

DofE Centre: Backwell School	DofE group: Backwell 2017-18
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**DofE level:**

Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you registered for any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES and this was <b>not</b> at Backwell school – Please give the name of the DofE Centre you were registered at: eDofE ID number (if known) :

**Personal details:**

First name:	Last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:        /        /
Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>	
Date you wish to start your DofE programme if known (enrolment date):        /        /	

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.

**Contact details:**

Email address:	
Address (line 1):	
Address (line 2):	
Town/City:	
County:	Postcode:
Telephone:	Mobile number:

**Emergency contact details:**

Emergency Contact name:	Relationship to you:
Emergency contact telephone number(s):	

**P.T.O.**

**Declaration:**



## DofE Participant Enrolment Form

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](http://www.eDofE.org)

Print Name	Signature	Date
		/ /

**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
		/ /

**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.

Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your eDofE profile at any time.

**For Licensed Organisation/Centre administration only:**

Date registered onto eDofE	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	

## DofE Disclosure of Risk

**Wildcountry Consultants asks you to read the following. It may have a bearing on your safety, & that of others that are involved in activities with you.**

Wildcountry Consultants have legal and regulatory obligations to provide a duty-of-care to all participants in any of our outdoors activities. As you would expect we take all reasonable steps to provide the level of care & assurances of safety that are appropriate to each of the activities. You should though be aware that there would always be certain risks that are inherent to outdoor activities. It is not possible to eliminate these risks without destroying the character & experience of each activity.

The level of real, as opposed to perceived risk associated with the activities is very low. However, the types of risk may be something with which you are not ordinarily familiar. For avoidance of uncertainty, **environments and situations that you may encounter include:**

- **Rough / rugged terrain:** this may cause you to experience greater than usual strain on joints & muscles
- **Physical effort:** our activities may involve you in a greater level of exertion than in your usual day-to-day environment.
- **Height & water:** whilst appropriate safety precautions are taken, some people can find situations at height or on water to be stressful.
- **Natural environment:** most likely to be a rapid & significant change in the weather or unstable/slippery conditions underfoot, but can also include rock falls, lightning etc.
- **Slips & trips:** the most common cause of accident throughout society, the opportunity for slips, trips & falls is likely to be greater than that which you usually experience.
- **Loss or damage:** the environments and activities that you choose to experience may increase the potential for loss of or damage to your personal clothing or equipment.

As well as Wildcountry consultants part in ensuring as safe an environment as possible for each activity, participants also have a responsibility for safety. **Your responsibilities are as follows:**

- **Medical:** please make us aware of medical condition(s) or injuries, past or present, which may affect or make ill advised your participation in any activity. We can then agree with you whether or not you should participate.
- **Fears & phobias:** before commencing any activity, please ensure that we are aware if you have any major concerns, fears or phobias about the situation(s) in which you are choosing to place yourself. We will work with you to help ease your feelings of discomfort/apprehension/fear, & ensure that you are as comfortable as possible.
- **Drugs & alcohol:** it is potentially highly dangerous to participate in any activity whilst under the influence of drugs or alcohol. Wildcountry consultants reserve the right to prevent any person participating in any activity, should we suspect that they may be under the influence of drugs or alcohol.
- **Instruction:** you must accept & act upon all direction & instruction from our instructors.

Thank you for taking the time to read & consider this Disclosure of Risk. Prior to commencing your chosen activity/activities, Wildcountry consultants will ask you to acknowledge your acceptance of the disclosed risks by signing below. In doing so you will confirm that you have read & understood the content of the Disclosure of Risk. A parent or guardian must counter-sign for anybody under the age of 18. Signing the Acknowledgement of Risk does not release Wildcountry consultants from any of our obligations towards you, nor does it affect your statutory rights.

**Acknowledgement of Risk** I hereby confirm that I have read & understood the Disclosure of Risk provided to me by Wildcountry consultants

**Signature:**

**Print:**

**Date:**

**Signature of parent or guardian:**

**Print:**

**Date:**

**DofE EXPEDITION MEDICAL FORM**

Surname			Forenames		
Date of birth			Gender		
Address					
<b>EMERGENCY CONTACT INFORMATION</b>					
Name	Address	Home number	Work number	Mobile number	Relationship
<b>MEDICAL INFORMATION</b>					
Please list below any general medical condition we should be aware of, including operations or conditions, especially if they relate to bones or tendons they may have had in the past:					
Please indicate any expedition related condition that we should be aware of, however small (eg needs insoles in boots, back problems)					
Is your son/daughter taking any medication or drugs					
Please list any allergies and their severity					
Does your son/daughter require an epipen? If so they will need to carry 2 with them on the trip. Please make sure they are within their use by date					
Date of last Tetanus inoculation:					
Can your son/daughter swim 25 metres in light clothing?					
Do you give permission for a qualified first aider to give your son/daughter basic medication if necessary					
Yes ----- No -----					
<b>DOCTORS CONTACT DETAILS</b>					
Name				Tele number	
Address					
Parents signature			Date:		
Photographs of groups may occasionally be taken and used on Wildcountry blog site. Please indicate whether you are happy or not for photographs of your son/daughter to be used in this way. Yes/No					