

# WEST NORFOLK ACADEMIES TRUST

AGREEMENT FORMS

DUKE OF EDINBURGH AWARD

**GOLD**

**PARENT /CARER** Please complete, sign and return with participant form and medical form.

Duke of Edinburgh Award

As the parent/carer of \_\_\_\_\_ I understand that

- I should help and encourage my son/daughter in completing their award.
- My son/daughter must upload some evidence to edofe system by 1<sup>st</sup> November
- My son/daughter must have completed one of the sections of their D of E by April to enable them to take part in the expedition.
- Any problems with any section should be reported in the first instance to the D of E Leader
- Payments must be made before any award can be gained

### ***Relative to expedition***

- Boots need to be worn in before the expedition
- Some kit can be hired for use from the school
- Participants must be collected promptly at the end of the expedition
- Mobile phone use is not allowed for the duration of the expedition except for the last day to contact parents for collection
- Participants must follow the rules of the D of E award. The Countryside Code and any instructions given by staff. Failure to do this will result in them not continuing with the award and monies spent will be forfeited

### ***Relative to other sections***

- It is the participants responsibility to arrange the other sections of the award including establishing a suitable assessor, and agreeing this with the leader before beginning the section.
- Assessors must be independent and cannot be a friend or family member.
- Participants must collect appropriate evidence including photographs, assessor reports and upload as soon as possible. Help with this is available

Signed \_\_\_\_\_ Parent/Carer

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**GOLD**

## PARENT/CARER

I will aim to support my child in all sections of the award.

Enclosed *(please tick)*

Payment of £ 400 full Gold Fee with the form by NOVEMBER 30<sup>TH</sup>

or

Payment of Deposit £50 with the form by - October 30<sup>th</sup> and then monthly instalments of £50

Please note if there is an exceptional number of students wishing to take part in the Duke of Edinburgh it may be necessary for a draw to take place to determine who will take place as the safety of the students is paramount. Due to staffing, qualifications and school demands, places and dates cannot always be guaranteed

Signed \_\_\_\_\_ Parent/Carer

Name \_\_\_\_\_ Date \_\_\_\_\_

Please supply two contact details that can be used when on expeditions

Emergency Contact

Name .....Number.....

Emergency Contact

Name .....Number.....

## STUDENT

I would like to enrol on the Duke of Edinburgh award at Springwood and I accept that for it to run smoothly

I need to be

- Responsible
- Trustworthy
- Cooperative
- Reliable
- Sensible
- Considerate

Whilst on expedition, mobile phones will be placed in a sealed bag and can only be used in emergencies. Should I fail to act accordingly the leaders have the right to withdraw me from the award. If my behaviour hinders or endangers others whilst on expedition or if I am unable to continue, then my parents will be asked to collect me from the expedition area.

Signed \_\_\_\_\_ Student

Name \_\_\_\_\_ Tutor Group \_\_\_\_\_ Date \_\_\_\_\_

ALL FORMS MUST BE SIGNED AND RETURNED TO THE DUKE OF EDINBURGH AWARD LEADER OR MANAGER AND HANDED IN WITH THE BITESIZE PLANNER