



THE DUKE OF EDINBURGH'S AWARD



A comprehensive overview of what this award entails can be found on our school website.

Pupil Name

Bronze Application Form

Please complete the following form and submit to Mr Nicholl by 30th
September 2017

Pupil Form Class

Pupil Age

Why do you want
to be part of the
Bronze
programme?

What do you hope
to gain from the
award? What skills
do you hope to
develop?

Attendance and
commitment are important
factors to consider when
thinking of success. What
qualities have you
demonstrated in your
school life that would
present you as an ideal
candidate for this award?



Fitness Test Score/Comments

Parental Consent

- 1) I understand that my son / daughter cannot participate in this award until this application has been submitted, processed and approved by the school's Duke of Edinburgh Committee and all relevant fees have been paid pertaining to the award.
- 2) I understand that hillwalking is considered as a risk and that all leading members of staff will act in accordance with National Hillwalking / Mountain Leader Guidelines (a copy of which can be found on the school's website).
- 3) I understand that the participant is taking a risk in undertaking this award and I as their parent / guardian understand that the participant must take full responsibility for their well-being to preclude him/herself from injury or suffering.
- 4) I understand that it is the expectation of the school that participants must attend all relevant training. Missing three training sessions will prevent the participant from continuing with their award.
- 5) I understand that committee members will use this application form, and if necessary, attendance data to select candidates for the programme.
- 6) I authorise employees, agents or any other member of staff involved in the Duke of Edinburgh Programme, in the event of an incident, injury, illness or loss suffered by the participant whilst participating in related activities, travelling to and from, any activities relating to the Duke of Edinburgh, to seek medical attention and to act in accordance with rescue, emergency care training.
- 7) I consent to and understand that photographs may be taken of the participant during the duration of the programme. Such photographs could be used in the promotion of this award following completion by the participant.

If your son / daughter is successful in their application you will be invited to attend a parent's information evening.

Parent / guardian signature _____

Date of signature _____

Contact telephone number _____