



THE DUKE OF EDINBURGH'S AWARD



Silver Application Form

Please complete and return to Mr Nicholl by the 30th September 2017

Pupil Name _____

Pupil Form Class _____

Pupil Age _____



Q1) Why do you want to be part of the Silver Award Programme?

Q2) What skills qualities and experience do you have (inclusive of your Bronze Award) that would make you an ideal candidate for Silver?

Q3) The Silver Award is extremely popular. In what ways have you shown dedication and commitment in your secondary school experience as well as life outside of school that would make you a suitable candidate?

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 has been successful in their application then you will be invited to a parent's information evening.

Parent / Guardian Signature _____

Date _____

Contact Telephone Number _____