



# THE DUKE OF EDINBURGH'S AWARD

Pupil Name

## Bronze Application Form

Please complete the following form and submit to Mr Crothers or Ms Oliver by Friday  
20<sup>th</sup> October

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 \_\_\_\_\_