



Silver Application Form
Please complete and return to Mr Crothers or Miss Oliver by Friday 20th October

Pupil Name	- The state of the	
Pupil Form Class		
Pupil Age	_	0//
Q1) Why do you want to be part of the Silver	Award Programme?	
Q2) What skills qualities and experience do yo ideal candidate for Silver?	ou have (inclusive of your Bronze Award) that would make you	an
Q3) The Silver Award is extremely popular. In secondary school experience as well as life or	what ways have you shown dedication and commitment in youtside of school that would make you a suitable candidate?	ur

For Staff Use Only – Fitness Test Score / Comments	
Parental Consent	
<ol> <li>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.</li> <li>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).</li> <li>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.</li> <li>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.</li> <li>I understand that committee members will use this application form, and if necessary, attendance data to select candidates for the programme.</li> <li>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.</li> <li>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.</li> </ol>	
If your son / daughter has been successful in their application, then you will be notified and if the Duke of Edinburgh award is new to your child then please feel free to attend the information evening  Parent / Guardian Signature  Date	
Contact Telephone Number	