

NAME - _____

FORM - _____

LEVEL (Bronze, Silver or Gold) _____

MonLife Outdoor Adventure

Duke of Edinburgh Award

Registration Pack - 2024-2025



The total cost to complete the Award is to be paid in full:

- Year 10 Bronze £90.00 (Includes registration and 2 x 2 day expeditions)
- Year 11 Silver £100.00 (Includes registration and a 2 day & a 3 day expedition)
- Year's 12 & 13 Gold £100.00 (Includes registration and a 4 day practice expedition)

Gold only - The cost for the main test expedition will be confirmed once your test expedition has been chosen.

The total cost is to be paid via Parent Pay / Parent Mail

Expeditions – All levels **must complete a minimum of 2 expeditions to complete the award** (1 x practice & 1 x assessed test expedition)



MonLife Outdoor Adventure Duke of Edinburgh Award

Mobile & Email Consent Form

Consent for use of mobile phone and e-mail contacts for communication.

We have found that by far the most effective and efficient method of communication with young people participating in the Duke of Edinburgh Award is via email, supported by occasional online Teams Meetings. If you are in agreement, please complete the form below, giving your consent for us to use this method of communicating.

The award is run by MonLife Outdoor Adventure staff and volunteers, and not by the school itself.

I agree to MonLife Outdoor Adventure using the following personal mobile and e-mail contacts for communication specifically concerned with the Duke of Edinburgh Award.

Mobile phone:

E-mail:

Communication language preference (English or Welsh)

Digital Teams Meetings Consent..... YES / NO

Signed:
(Parent or Guardian)

Signed:
(Participant)

**Please return the DofE application form & the MonLife consent forms
with the appropriate fees - please tick the relevant box**

Bronze	
Silver	
Gold	

Thank you.

We have updated our Privacy statement in line with the new GDPR Legislation.

To read our new privacy statement please click on the link;

<http://www.monmouthshire.gov.uk/app/uploads/2018/06/TLCYYS001-Privacy-Notice.docx>



MonLife Outdoor Adventure

Duke of Edinburgh Award

Participant Enrolment Form

Please print clearly in CAPITALS or type details in.

Personal details

First name*:	Home Address 1*:
Last name*:	Home Town/City*:
Primary Language:	Home County:
Email*:	Home Postcode*:
Date of Birth*:	Telephone no:
I identify my Gender as - (fill in the blank)	

Enrolment level*: (tick one)	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
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Next of kin name*:
Relationship to next of kin*:
Next of kin telephone:
Next of kin email:

Consent to enrol from parent or guardian (if applicant is under 18 years old).

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at www.eDofE.org			
Applicant:			/ /



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The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. I would describe myself as (please tick the relevant box):

I consider myself to have a disability as defined by the Disability Discrimination Act as 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes to either of these questions, please specify:				

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the participant's Operating Authority and DofE centre to monitor and manage DofE participation and progress.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system.



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MonLife Outdoor Adventure DofE Consent Form

IMPORTANT: This form must be completed by the parent or guardian if participant is under 18 years of age and by the participant if he/she is over 18 years of age. Overnight stays Bronze supervised, Silver practice supervised & test remote supervision, Gold remote supervision.

Event/Activity: DofE / Outdoor training both in & outdoors and expeditions including overnight stays

Young Person's Details

First Name:	<input style="width: 95%;" type="text"/>	Surname:	<input style="width: 95%;" type="text"/>	
Address:	<input style="width: 100%; height: 40px;" type="text"/>	Date of Birth:	<div style="display: flex; justify-content: space-between;"><div style="width: 20%; text-align: center;"><input style="width: 90%;" type="text"/> DD</div><div style="width: 20%; text-align: center;"><input style="width: 90%;" type="text"/> MM</div><div style="width: 20%; text-align: center;"><input style="width: 90%;" type="text"/> YYYY</div></div>	
		Your Mobile:	<input style="width: 100%;" type="text"/>	
Your email address:	<input style="width: 100%;" type="text"/>			
Has the young person experienced any of the following:	Asthma/Bronchitis	Y / N	Diabetes	Y / N
	Sight/Hearing needs	Y / N	Back injuries	Y / N
	Heart Condition	Y / N	Epilepsy	Y / N
	Fits/Fainting/Blackouts	Y / N	Travel sickness	Y / N
	Severe headaches	Y / N	Mental Health Issues	Y / N
	Anaphylactic Shock	Y / N	Skin Conditions	Y / N
	Allergies	Y / N	Medications	Y / N
	Pregnant	Y / N	Other	Y / N
If you have answered 'yes' to any points on the left, please give details:				

Emergency Contact Details

Emergency Contact Name:	<input style="width: 95%;" type="text"/>	Relation:	<input style="width: 95%;" type="text"/>
Emergency Contact Number 1:	<input style="width: 95%;" type="text"/>	Emergency Contact Number 2:	<input style="width: 95%;" type="text"/>
Doctor's Name:	<input style="width: 95%;" type="text"/>	Doctor's Telephone:	<input style="width: 95%;" type="text"/>

Consent

I certify that the information given on this form is accurate and correct to the best of my knowledge.
I give permission for my child to attend the Event/Activity and I agree that on occasion the adult supervision maybe all male or female.
I have ensured that my child understands the information for his/her safety and, for the safety of the group and that any rules and instructions given by staff are to be obeyed. I understand that any misbehaviour will result in my child being removed from the Event/Activity. For those doing Gold level I understand that supervision is limited on the camps and that during the overnight stays adult supervision is in the same locality but not the same campsite, this also applies to the Silver test. Supervision on the campsites may be all male/female, however where possible it will be mixed. During practice expeditions supervision is appropriate to the level of the award and training may be given during the event, however where possible, supervision is much more remote.
I undertake to inform the leader of any changes in the fitness of my child.
I understand that walking in the National Parks, wild country and lowland areas can be considered to be a higher risk activity and that my child participates at his/her own risk.
I give permission for photographs or videos to be taken during this Event/Activity, and for them to be used for publication and for use on the MonLife websites, Facebook and Twitter.
I give permission for the information on this form to be recorded on a computer database for reference purposes only.

First Aid Consent: I give my consent for the administration of basic first aid treatment by a qualified instructor male or female.
I give my consent for my child to be taken to the nearest point of safety i.e. GP surgery or hospital by car / mini bus with a member of staff (male/female) or by ambulance in an emergency also with a member of staff (male/female).

Signed: Date:
Parent/Guardian

I understand that, for the safety of the group and myself, I will undertake to obey the rules and instructions of members of staff.

Signed: Date:
Participant/Young Person