

Learning and Children's Services
Strategic Director: Duncan Clark



My ref: Pre-registration Letter, for entry in March 2012
Your ref: Jon Handley, Duke of Edinburgh's Award Unit Leader



Albany Park Canoe & Sailing Centre

Albany Mews
Off Albany Park Road
Kingston upon Thames
KT2 5SL

Tel: 020 8549 3066
Fax: 020 8547 5817
albanyparksb@rbk.kingston.gov.uk
www.albanypark.co.uk

Pre- Registration for Open Award 2012

- 1 We are offering Bronze Level with Albany Park Duke of Edinburgh's Open Award in 2012. There will be 24 places for Bronze. We are not running a Silver group.
- 2 There will be 5 **Thursday** Sessions for Bronze, 3 full day **Saturday** sessions and 2 expeditions
- 3 Open Award meets on Thursday afternoons for a 2 hour session between 4:15p.m. and 6:15p.m. and runs from March 2012, with expeditions to follow. The 3 Saturday sessions will run from 9:30am to 4:30pm in April/May 2012. A minimum of 90% session attendance is required to enable participation of expeditions.
- 4 Places are on a first come first served basis via the website only, please register your details and then book the DofE course by making a payment online. All payments must be followed by the necessary completed forms, as outlined in point 6.
- 5 The Bronze will cost £135 for the training sessions, £65 for the practice expedition and £75 for the Assessed expedition.
There is also a standard DofE registration fee of £20 for Bronze.
- 6 Registration is via the website only, please visit www.albanypark.co.uk and select the book courses online link near the bottom of the home page. Registration is also subject to completion of an official Albany Park DofE registration form and consent form, by submitting them both to the address stated on the form, (NOT as above) for a place in 2012. The Session payments are due immediately upon registering and the registration fee is compulsory and so is also due at the time of registration. The total initial payment is therefore £155 for Bronze which is due at the time of online registration, to secure a place for the new 2012 group. Expedition payments will be due prior to attending the trip.



- 7 Bronze participants must be at minimum aged 14 **and** in Year 10 or above, Silver participants must be at minimum aged 15 **and** in Year 11 or above.
- 8 Listed below are all the planned session and expedition dates. Please check you are available for all these dates as they are not subject to change due to the busy nature of Albany Park. By making a payment you are committing to these dates and payments are not refundable.

BRONZE

Thursdays: 29th March 2012

19th April 2012

3rd May 2012

17th May 2012

6th September 2012

Saturdays: 21st April 2012

12th May 2012

26th May 2012

Practice Expedition: Saturday 14th and Sunday 15th July 2012

Assessed Expedition: Saturday 8th and Sunday 9th September 2012

Please find below the DofE registration form and Albany Park parental/guardian medical/consent form, which must be printed, completed and returned following your booking, to secure the place. These forms can also be found on the Albany Park website.



THE KINGSTON DUKE OF EDINBURGH'S AWARD

REGISTRATION FORM
FOR ALBANY PARK ONLY



PLEASE COMPLETE IN BLOCK CAPITALS

Surname _____ Forename/s _____

Full Address _____

Postcode _____

Home Tel No _____ Participants email _____

Date of Birth _____ Age _____ Male Female

Award **Group/School** ALBANY PARK Leader's Name JON HANDLEY

Level: Bronze Silver

Registration is by purchase of a Welcome pack. This price includes Operating Authority administration costs. Please indicate requirements:

Bronze Welcome Pack @ £20.00

Silver Welcome Pack @ £23.00

(price already included in the online booking total)

Consent of Parent / Guardian- PLEASE READ INFORMATION OVERLEAF BEFORE SIGNING.

I have read the details of the Duke of Edinburgh's Award and the information overleaf.
I agree that(name) _____ may take part in all activities forming part of the Award.
Signed _____ Date _____

Print Name _____ Mr / Mrs / Miss / Ms (please circle)

The following information is used to help the Award meet the needs of all young people. Only complete this section if you wish to assist in this way. Please tick the relevant box.

I would describe myself as:

Asian or Asian British				Black or Black British			Chinese
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>
Mixed				White			Other
White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any Other <input type="checkbox"/>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/>	(specify) <input type="checkbox"/>



Notes for Parents / Guardians

The Duke of Edinburgh's Award participants are instructed / assessed by people who have knowledge or expertise in Expedition, Physical Recreation, Volunteering and Skills section of the award.

Instructors and Assessors are not always employed by the Borough; they work for the Duke of Edinburgh's Award on a voluntary basis and may do so only very infrequently. However, Instructors and Assessors do have substantial access to young people and therefore we ask them before they undertake any instruction or assessment to declare whether they have or do not have any criminal convictions, cautions, bind over orders or spent convictions under the Mental Health Act (Section 41), and the nature of them.

We are unable to verify with the Police the information declared to us, as Instructors and Assessors are not one of the specifically mentioned staff (under Home Office guidelines) for which Police will undertake checks. However, we will not admit as an Instructor / Assessor anyone who declares something which, in the context of the protection of children / young people, we consider renders them unsuitable. We would like you to be aware of this before giving you consent.

Please complete and send the form to:

**Youth Support Service
Duke of Edinburgh's Award
Room 205
Guildhall 1
Kingston upon Thames
Surrey
KT1 1EU**



**Albany Park Canoe and Sailing Centre
Kingston Youth Support Service
Parental/Guardian Medical/Consent Form**



Name of Child _____

Date of Birth _____ Age _____ Male/Female (delete)

Name of Parent/Guardian _____

Full Address _____

_____ Postcode _____

Tel. No. during activity _____ Other(Compulsory) _____

Course/Activity name and code **_ALBANY PARK DUKE OF EDINBURGH'S OPEN AWARD BRONZE 2012 Group 2_**

Email address _____

We would like to add your email address to our electronic address book to be used to keep you informed of forthcoming activities and offers.
Please tick here if you DO NOT agree to this.

Activity Information

1. I agree to my son/daughter attending the proposed event and to his/her participation in any of the activities.
2. I have ensured that he/she understands the importance for his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
3. I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by the organisation's insurance.
4. I agree that during the activities photographs may be taken of which my child may be included and I agree for these photographs to be used in publicity used for the organisation.
5. I can confirm that my child is able to swim and can participate in water based activities. My child can swim _____ meters.

Medical Information –

This information is extremely important, please give as much detail as possible using a separate sheet if necessary

1. Does your son/daughter suffer from any conditions requiring medical treatment, including medication?
YES/NO – If yes please give brief details: _____
2. Is your son/daughter currently taking medication or required to take medication on a regular basis?
YES/NO – If yes please give brief details: _____
3. If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:

4. Does your son/daughter self-administer any such medication?
YES/NO – If yes please give brief details: _____
5. Has your son/daughter suffered from anything in the last four weeks that may be or become contagious or infectious?
YES/NO – If yes please give brief details: _____
6. Please give any additional information that you would like us to have about your son/daughter.



7. Does your son/daughter have any special dietary requirements/food allergies?

YES/NO – If yes please give brief details: _____

8. Please give details of your son/daughters Family Practitioner

Name _____ Telephone _____

DECLARATION

- I authorise a member of the organisation’s staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
- In the event of illness or an accident requiring emergency medical treatment, I agree to my son/daughter receiving treatment including anaesthetic as considered necessary by the medical authorities.
- I agree to this treatment being authorised by a member of the organisation’s staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required to obtain my signature might be considered by a doctor likely to endanger my son/daughters health or safety.
- I do not agree to my son/daughter receiving the following medical treatment.

- I understand that approved staff and voluntary workers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her
I also agree to bear the cost of any loss or damage caused by my son/daughter that is not covered by the Organisation’s insurance.

Signed _____ Date _____
Parent or Guardian

Equal Opportunities monitoring

The following information is used to help us meet the needs of all young people. Only complete this section if you wish to assist us in this way.

I would describe my son/daughters ethnic decent as (please tick appropriate box✓):-

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>		
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black British	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>	Asian British	Asian Other <input type="checkbox"/>
Mixed Race	<input type="checkbox"/>	Other Ethnic group	<input type="checkbox"/>	Decline to answer	<input type="checkbox"/>		