



Participants Enrolment Form

Please print clearly in CAPITALS or type details in. You must complete ALL the questions.

Participants Personal details – please ensure ALL information is completed

DofE group:* Causeway Open Award Centre		Operating Authority: Education Authority – North Eastern	
Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/>		Home Address 1:	
First name:		Home Address 2:	
Middle name:		Home Town:	
Last name:		Home County:	
Email (mother):		Postcode:	
Email (father):		Telephone no (home):	
Email (participants):		Mobile No (mother):	
Date of Birth:	Age:	Mobile No (father):	
School Attended:		Mobile No (participant):	
Email Addresses (Please indicate in the small box which email is your primary contact – for those under 18, any emails will automatically be sent to the primary contact as well as the participant - by ticking the box you are selecting to opt IN to Causeway Open Award Centre mailing list)			
<input type="checkbox"/> Email (mother)		<input type="checkbox"/> Email (father)	

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Enrolment level: (tick one)	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
Please attach cash or cheque payable to COAC for £47 or £54 (from 1/4/19) <small>This price includes expedition insurance and a contribution to the administration & operation costs of the DofE Open Award Centre as well as your DofE Welcome Pack and eDofE online account.</small>		£47.00	£47.00	£54.00

Previous levels/sections – please tick which sections/levels you have completed and tell us your ID number and the DofE Centre:					
ID Number:		School/Centre:			
Bronze		Silver		Gold	
<input type="checkbox"/> Completed entire level		<input type="checkbox"/> Completed entire level		<input type="checkbox"/> Volunteering	
<input type="checkbox"/> Volunteering		<input type="checkbox"/> Volunteering		<input type="checkbox"/> Physical	
<input type="checkbox"/> Physical		<input type="checkbox"/> Physical		<input type="checkbox"/> Skills	
<input type="checkbox"/> Skills		<input type="checkbox"/> Skills		<input type="checkbox"/> Expedition	
<input type="checkbox"/> Expedition		<input type="checkbox"/> Expedition		<input type="checkbox"/> Residential	

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);

Asian or Asian British				Black or Black British			Chinese or other	
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"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>
Gypsy and Traveller				Mixed			White	

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:									
Irish Traveller <input type="checkbox"/>	Gypsy <input type="checkbox"/>	Roma <input type="checkbox"/>	Other <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Other <input type="checkbox"/>	White <input type="checkbox"/>	

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. I understand that there is a degree of risk involved in outdoor activities.

Permission for the use of Photographs or Videos

We would like to use any pictures and videos taken during the Award for use in presentations, displays, or in our own publicity. In the event of any images of my child / me (over 18) being taken, I consent for them being used for educational purposes. I agree to images being used on the web site.

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online eDofE system. This system has a set of terms and conditions that you must agree to. These will be available when you access eDofE.			
Applicant:			/ /

Programme Planner

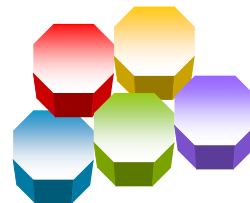
Volunteering Category: Activity:	Length of Programme : 3 / 6 / 12 / 18 mths Commencement Date: / / Finish Date: : / /	Assessor: Qualification:
Physical Category: Activity:	Length of Programme : 3 / 6 / 12 / 18 mths Commencement Date: / / Finish Date: : / /	Assessor: Qualification:
Skill Category: Activity:	Length of Programme : 3 / 6 / 12 / 18 mths Commencement Date: / / Finish Date: : / /	Assessor: Qualification:
Expedition Venture Type: Foot <input type="checkbox"/> Bicycle <input type="checkbox"/> Boat <input type="checkbox"/> Canoe / Kayak <input type="checkbox"/> Wheelchair <input type="checkbox"/> Horseback <input type="checkbox"/>	Commencement Date: / / Finish Date: : / /	Assessor: Qualification:
Residential (GOLD AWARD ONLY) Category: Activity:	Length of Programme : 5 days & 4 nights Commencement Date: / / Finish Date: : / /	Assessor: Qualification:

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. Participants can choose to receive this information to an external email account or by post using the *personal preferences* section in eDofE. These preferences can be updated at any time.

For Operating Authority/Centre administration only

Date registered onto eDofE	/ /	Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username		Initial password	



CONSENT / MEDICAL FORM

PART A – ACTIVITY DETAILS

Activity or Event DofE Expedition Section
 Venue / Area Hillwalking - Antrim Hills / Mournes (gold only) / Wicklow (gold only) / Spain (gold only)
 Canoeing - River Bann (silver & gold only) / Fermanagh Lakes / Shannon & Erne (silver & gold only)
 Dates Expedition Season from January 2020 – December 2020

PART B – MEDICAL DETAILS (To be completed by person with parental responsibility if girl/boy under 18yrs; by participant if over 18 yrs) – All information given will be treated with the strictest confidence

Full Name _____ Date of birth _____

Doctor's name & address _____
 Doctor's phone number _____

Is your son/daughter taking any medication at present ? YES/NO
 If YES, please give name of medication:- _____

Will your son/daughter need any medication whilst on the trip? YES/NO
 If YES, please give details:- _____

I am happy for my son/daughter to be in charge of their own medication YES/NO
 I would like a leader to be in charge of my son/daughter's medication YES/NO

Does the participant suffer from any of the following:-

MIGRAINE / HEADACHES	YES/NO	FAINTING	YES/NO
HAY FEVER	YES/NO	ASTHMA	YES/NO
DIABETES	YES/NO	HEART PROBLEMS/MURMUR	YES/NO
EPILEPSY	YES/NO	Does the participant have an allergy to penicillin	YES/NO

Details of any other past or present medical history that the supervisor should be aware of:-

To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last 4 weeks that may be contagious/infections YES/NO
 The participant has been immunised against tetanus within the last 5 years YES/NO

PART C – MEDICATION

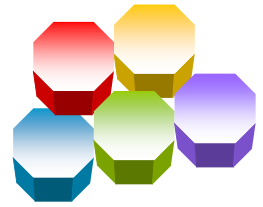
On trips such as these, participants sometimes require over the counter medication. We will have the following medication on the trip; please indicate if you give permission for your son/daughter to have these if deemed necessary:

Paracetamol	YES/NO
Ibuprofen	YES/NO
Lemsips	YES/NO
Deep Heat	YES/NO
Freeze Gel	YES/NO
I also acknowledge that my son/daughter will be carrying a basic first aid kit on the expedition	YES/NO

PART D - PARENTAL UNDERTAKING (from person with parental responsibility for under 18 only)

1. I agree to my son/daughter undertaking the DofE activities stated in PART A on dates as agreed
2. I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I also undertake to pay medical fees and/or cost of drugs (where appropriate for expeditions outside the UK), which may be incurred while my child is participating in the DofE.
3. I give permission to members of staff to administer First Aid and to give my son/daughter his/her medication if required.
4. I understand the extent and limitations of the insurance cover provided.

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.



PART E – PARTICIPANT INFORMED CONSENT (participant must sign below)

I _____ am in good health and consider myself fit and able to take part in this DofE Expedition Section.

I understand if I have received any medical treatment within the last week before commencement of any expedition or any special medical conditions that might affect my safety I must inform my supervisor of this immediately. A decision will be made by my supervisor as to whether I will be permitted to undertake my expedition.

If I have a current medical condition that may affect my ability to undertake the expedition section, my supervisor may request confirmation from my GP in relation to this.

If I have a medical condition that I do not disclose on my medical consent form, I understand that COAC will not be liable for any injuries sustained as a result of this.

I recognize that climbing, hillwalking and mountaineering are activities with a danger of personal injury or death. As a participant in these activities I am aware of and accept these risks and I am responsible for my own actions. The Centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default.

POTENTIAL RISKS IN COMPLETING THE DOFE

The Centre accepts its responsibility to make its courses as safe as is reasonably practicable. However, adventurous activities are inherently hazardous and cannot be completely risk free, however hard we try. Accidents can happen without any contributory negligence from the centre or its staff.

Every effort will be made by the DofE Centre and staff to reduce risk of harm to participants to a level that is acceptable for the age, experience and abilities of those involved. It must be fully understood and accepted by participants, parents and carers, however that the nature of the scheme is such that it is neither possible nor desirable to totally eliminate risk from all elements of the DofE Award.

The Centre’s staff have, and fully accept, a duty of care to make those activities as safe as is reasonably practical. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to.

Moreover, the environment is such that we cannot “fence off” all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do. Only give your consent if you are confident that they will behave responsibly in this way.

I understand and accept the above statements and accept that I have a responsibility to take careful note of instructions and to act in a way that will minimise the likelihood of injury.

SIGNED
Participant _____

DATE _____

Are you over 18 years old (participant)

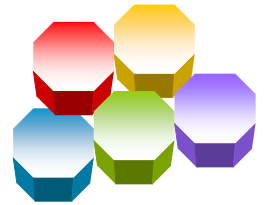
YES/NO

I understand and accept the above statements. My son or daughter is fit for the course and will inform the Centre before the course of any special medical conditions that might affect my son’s or daughter’s safety. If your son/daughter has a pre-existing medical condition that we feel may affect their safety/wellbeing on expedition, we reserve the right to ask for a Consultant/GP letter confirming that they are fit to undertake this activity. Any costs associated with this is the responsibility of the person with parental responsibility.

Note: The medical profession takes the view that the parent’s/carer’s consent to medical treatment cannot be delegated. This view is explicit in The Children’s Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.



**CAUSEWAY
OPEN AWARD CENTRE**



By signing this Consent/Medical Form we also confirm that:

- (a) All holders of parental responsibility for the above-named pupil have signed this Acceptance Form and that no one else holds parental responsibility for him or her;
- (b) We the above-named participants mother and father, co-habit / live separately at the address(es) shown below.

SIGNED

Person with Parental Responsibility _____ DATE _____

FULL NAME (capitals): _____

SIGNED

Person with Parental Responsibility _____ DATE _____

FULL NAME (capitals): _____

PLEASE NOTE:

Each person with parental responsibility for the child is required to sign this Acceptance Form and the Centre is entitled to treat any instruction, authority, request or prohibition received from one signatory as having been given on behalf of all signatories and therefore on behalf of all those with parental responsibility for the child.

PART F – EMERGENCY CONTACT DETAILS

Participants Mobile No: (for purposes of emergency on expedition) _____

1st Emergency Contact

Name _____ Relationship To Student _____

Home Tel No _____ Work Tel No _____

Mobile Tel No _____ Email _____

Address _____

2nd Emergency Contact

Name _____ Relationship To Student _____

Home Tel No _____ Work Tel No _____

Mobile Tel No _____ Email _____

Address _____

PART G – FOR CANOEING EXPEDITIONS ONLY

I can / can't swim 25 metres

YES/NO

PLEASE RETURN THIS FORM ON COMPLETION TO:-

Causeway Open Award Centre,
3 Sandel Court, Coleraine, Co Londonderry, BT52 1WJ
Tel:- 028 7032 1648 / 07990 822395

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Code of Conduct – Participant Contract

General:-

1. Please treat everyone at the Open Award Centre with respect
2. Racism / discrimination / bullying / swearing / inappropriate language will not be tolerated
3. Mobile phones are NOT to be used during training sessions or on expedition unless in the event of an emergency. Consent can be granted from leaders for the use of mobile phones on expedition for the purpose of taking photos or recording appropriate video footage for the expedition aim only.
4. I understand that I should meet on time, in the right place, be properly prepared for activities as requested by the Centre Leader.
5. I will conduct myself courteously towards all members of staff, instructors, my peers and any other person involved in the DofE.
6. For journeys involving coaches/minibuses, I will always wear a seatbelt.
7. I will be solely responsible for my belongings. I understand no Centre Leader will take responsibility for any of my belongings.
8. I will dress appropriately so as not to cause embarrassment to the Centre or others
9. Centre staff will not start – or will discontinue – an activity if they are not confident that the participant understands safety and behaviour requirements
10. Participants must attend all expedition training sessions (contact your Leader asap if not)
11. Participants must submit all necessary forms and money by the date required

Expedition:-

1. Participants should follow the instructions of staff at all times whether they agree with them or not especially when they are out on expeditions. I understand that any such instructions will be given for my safety, the safety of others and the smooth running of the expedition.
2. Safety is an important part of our activities, please act responsibly. I will behave sensibly whilst on expedition so as not to endanger myself or other members of the expedition party.
3. Participants must remain on the campsite once they have been checked in. It is strictly forbidden to leave camp unless you are sick and need to go home. Prior consent must be obtained from a leader in such instances.
4. All equipment is to be treated with care and cleaned as per instructions issued by staff. I will look after any equipment that has been lent to me for the expedition and will not do anything that will consequently result in it being damaged or lost. Any damage/loss caused to COAC equipment will have to be replaced or paid for at my own expense. Participants must return equipment complete, undamaged, clean and on time. Any significant damage will be billed to parents/carers. Deadlines for kit return must be adhered to.
5. I understand that appropriate equipment / clothing should be worn as detailed on the DofE Equipment List. If I am not adequately equipped I understand that Centre Leaders reserve the right to postpone my expedition.
6. I will not drop litter in vehicles or in the outdoor environment in accordance with Leave No Trace
7. As a rule of the Centre, male/female sharing of tents is strictly forbidden. Anyone found to be tent sharing will automatically face suspension from the Centre.
8. I will not carry any weapons / knives / pen knives or similar items on me during my expedition and will not bring / purchase any items that would be deemed inappropriate.
9. I will avoid damage to camp sites and minimise disturbance to wildlife, in accordance with Leave No Trace Principles
10. I will be in my own tent and settle at times set by the Centre. This will be no later than 10.30pm to bed, and 11.00pm lights out and quiet time for all groups. I understand that there will be no noise after 11.00pm or before 7.00am to give chance for adequate rest. If I continue to be disruptive after 11.00pm or before 7.00am Centre Leaders reserve the right to remove me and send me home.
11. I will not consume any alcohol / drugs or smoke on expedition. If I do, I understand I will be sent home at the expense of my parent/guardian and will be suspended until further notice.
12. I understand that I am not permitted to bring aerosol cans on the expedition. Roll on deodorants are permissible.

I agree to uphold the Code of Conduct set out for my enjoyment and safety, whilst being a member of Causeway Open Award Centre. I realise that I have to make lots of effort to participate in all activities and be a productive member of the team. I understand that these are guidelines and that I should follow the leadership of all staff involved in the programme. I accept that not following these guidelines may affect everyone's experience including my own and that my behaviour may affect my participation in future sessions. I understand that this represents a minimum standard of behaviour on expedition or any other activity and my disobedience or disregard of this Code of Conduct may lead to suspension of my DofE.

Pupils who are removed from the Award due to inappropriate behaviour or failing to adhere to any of the above will not be entitled to any monetary refund. This contract applies for the duration of the Award.

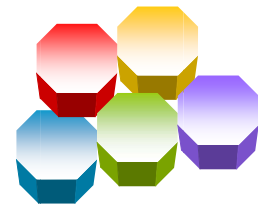
Student's name (PRINT): _____ Student's signature: _____ Date: _____

Parent's/ name (PRINT): _____ Parent's/ signature: _____ Date: _____
Guardian Guardian

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3 Sandel Court, Coleraine, Co Londonderry, BT52 1WJ
Tel:- 028 7032 1648 / 07990 822395

Email: info@causewayoac.co.uk www.causewayoac.co.uk



EUROPEAN HEALTH INSURANCE COVER

Please print clearly in CAPITALS. You must complete all the questions.
(ONLY FOR USE FOR GOLD EXPEDITIONS IN WICKLOW, IRELAND)

I CONFIRM THAT I HAVE APPLIED AND AM IN RECEIPT OF A EUROPEAN HEALTH INSURANCE CARD

Yes No

Please complete details as follows as displayed on your European Health Insurance Card

3 Name	
<input type="text"/>	
4 Given name	
<input type="text"/>	
5 Date of birth	6 Personal identification number
<input type="text"/>	<input type="text"/>
7 Identification number of the institute	
<input type="text"/>	
8 Identification number of the card	9 Expiry date
<input type="text"/>	<input type="text"/>

These details will be carried with leaders throughout the expedition should they need to be used in the of medical assistance/treatment being required.

	Print Name	Signature	Date
Parent/guardian:	<input type="text"/>	<input type="text"/>	/ /
Applicant:	<input type="text"/>	<input type="text"/>	/ /

If you are not currently in possession of a European Health Card this can be obtained online at:-

<https://www.ehic.org.uk/Internet/home.do>

Your European Health Insurance Card should be brought and carried with you on your expedition.



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