



Cambridgeshire Environmental Education Service



Gold D of E Residential – A Taste of Teaching

24th – 28th October 2020

Application Form



Participant Information

Participant Name:

Date of birth and age:

Gender:

Home Address:

Postcode:

Mobile Number:

Home Telephone:

Email:

Centre Information

Name of D of E Award Centre

eDofE ID Number

Please be aware that we only accept one person from each Award centre for this residential. It is a requirement of the D of E Residential section that you don't know the other participants or the adult leaders. Once we get to 12 participants we can accept a 2nd person from each D of E Award Centre and place participants in different working groups.

Dietary Requirements

Do you have any dietary requirements? If so please state what they are.

Medical Information

1. Please provide any information regarding medical conditions that may be relevant, e.g. allergies, asthma, diabetes, epilepsy, other
2. Are you currently taking any medication?
3. Is there anything else you wish to bring to the Programme Leader's attention?

Doctor Information

Name of Doctor:

Address of Health Centre or surgery and telephone number:

Parent/Guardian Details for Emergency Contact

Name:

Address (if different from above):

Home telephone:

Mobile Number(s):

Consent of Parent/Guardian (for participants under 18 years)

I am aware of the nature of the programme my son/daughter is about to take part in and I have told my son/daughter to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

In the event of a medical emergency every possible effort will be made to contact parents/guardian. We request that you agree to receive emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree we would be grateful if you would discuss this matter with the Programme Leader.

Whilst young people are taking part in activities organised by our service we occasionally like to record an event or activity by taking photographs or using a video camera. The images may be used for reports, displays, on the D of E website or even just as memories for the young people. We are aware of the sensitivity surrounding this issue and therefore will not photograph/video any young person without consent

I consent to my son/daughter participating in all activities organised by the staff in connection with the expedition programme. I consent to my son/daughter receiving medical treatment in the event of an emergency. I give permission for photographs/video to be used as stated above

Signature of parent/guardian

Date

(if participant is under 18 years)

Consent of participant (if over 18 years)

I consent to participate in all activities organised in connection with the expedition programme. I consent to receiving medical treatment in the event of an emergency. I give permission for photographs/video to be used as stated above

Signature of participant (if over 18 years)

Date

Photograph/Video Permission

Whilst young people are taking part in activities organised by our service we occasionally like to record an event or activity by taking photographs or using a video camera. The images may be used for reports, displays, on the D of E website or even just as memories for the young people. We are aware of the sensitivity surrounding this issue and therefore will not photograph/video any young person without the consent of their parent/carer. If you are happy for your son/daughter to be photographed/videotaped during the normal course of an activity please complete the section below.

I am the participant/parent/legal guardian of the child named overleaf and I give permission for me/my child to be photographed or videotaped whilst in the care of CCC for the following purposes (please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Photo Albums | <input type="checkbox"/> Reports/evaluation |
| <input type="checkbox"/> Printed publications available to the public | <input type="checkbox"/> Newspaper articles |
| <input type="checkbox"/> Displays | <input type="checkbox"/> The Youth Support Service Websites |
| <input type="checkbox"/> The D of E Website | |

For child protection reasons, children's names will not routinely be given in any publication. However if you are happy for their full name to appear in a newspaper article please tick this box:

Parents signature (if under 16)

Participant signature (if over 16)

Please return this completed application form to:

Lisa Adams/Helen Johnston
Stibbington Centre
Church Lane
Stibbington
Peterborough
PE8 6LP

Office: 01780 782386

Remember to include your payment of £395

All cheques made payable to Cambridgeshire County Council
Arrangements for payment other than by cheque can be made by contacting
cees.stibbington@cambridgeshire.gov.uk

Cancellation charges

By delegates

The following refunds will apply to cancellations:

Cancellation more than one month before the course date	100% refund
Cancellation 21-31 days before the start of the course	75% refund
Cancellation within 20 days of the start of the course	No refund

By Cambridgeshire County Council / CEES

In the unlikely event of your residential / expedition having to be cancelled we will advise you as soon as this change is known. We will offer a full refund.

Data Protection

Course participants' details are stored by the D of E for the purpose of recording attendance on residential/expeditions, providing statistical information and maintaining individual, regional, national and Operating Authority training records. We do not share your details with any other organisation.