



St Augustine's Catholic College

Wingfield Road • Trowbridge • Wiltshire • BA14 9EN

Telephone: 01225 350001 • Facsimile: 01225 350002

HEADMASTER: David Forster MA(Oxon) MSc NPQH

Our ref: DF/CTR/ZGB
21 January 2019

Dear Parent/Guardian

Duke of Edinburgh Bronze Award

As your son/daughter has expressed an interest in taking part in the Duke of Edinburgh Bronze Award, I am writing to you to request that you complete and return the following WOLT Consent Form to St Augustine's Catholic College by Friday 1st March 2019.

Also to follow you will find a copy of the kit list for your information.

Further information regarding the expedition will be sent to you over the coming weeks.

Yours sincerely

David Forster

David Forster
Headmaster



Bronze/Silver Expedition Kit List

Please note: If you have any difficulty providing these items, please talk to the expedition leaders who may be able to lend kit to you.

Clothes to wear:

- ☺ **Cotton trousers or tracksuit bottoms (no jeans)**
- ☺ **Tee shirt (vest tops are not suitable)**
- ☺ **Non-bulky pullover or thin fleece**
- ☺ **Two pairs of socks**
- ☺ **Walking boots or sturdy trainers. Sports trainers are not suitable.**

Personal Kit:

- ☺ **Rucksack – should be minimum 60 litre in size**
- ☺ **Waterproof jacket (and waterproof trousers if you have them)**
- ☺ **Tent, sleeping bag and sleep mat. Small pillow if wanted.**
- ☺ **All food for the expedition, plus water bottle filled with fluid (minimum 1 litre)**
- ☺ **Plate/bowl/mug (plastic is best) and cutlery**
- ☺ **Gloves & Hat (woolly hat/sunhat whichever is appropriate)**
- ☺ **Small torch**
- ☺ **Personal First Aid kit (blister plasters, antiseptic wipes, plasters etc)**
- ☺ **Emergency rations (high energy foods eg nuts, glucose tablets, oat bars, chocolate bars)**
- ☺ **Spare Clothing: Long sleeved T-shirts (extra thin layers provide warmth but are not bulky in your rucksack) or jumper/fleece to wear in bed. Leggings/longjohns for warmth if weather is cold, extra pairs of socks**
- ☺ **Sandals/flipflops to change into at campsite (optional)**
- ☺ **Toiletries (optional)**

Kit that can be shared between team members:

- ☺ **Washing up kit (washing up liquid, scouring sponge, tea towel)**
- ☺ **Matches**
- ☺ **Rubbish bags**
- ☺ **Suntan lotion (SPF30+ recommended)**

Top Tip – take a look at the weather forecast to ensure you are packing appropriate kit for the weather you are expecting.

WOLT will provide maps, compasses, stoves & fuel. We can also provide tents if requested.

Consent Form



IMPORTANT – PLEASE READ

- To ensure all activities are planned, agreed and safe for all, this form must be FULLY completed and returned BEFORE the day of activity, otherwise **you may not be able to participate.**

- If participant is **under 18 years of age** they will not be allowed to participate in activities unless this form has been **signed by their parent / guardian.**

Please ensure all writing is clear and easy to read

Activity	Bronze Duke of Edinburgh's Award Expedition Training / Expeditions 2019	Date(s) of activity	9 th March – 15 th September 2019
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Name of Participant			
Address & Postcode			
Date of Birth		Email	
Home Phone		Mobile	
DofE Centre/School you enrolled with			

Emergency Contact (Parent / Guardian if under 18)

Doctor

Name		
Address		
Postcode		
Telephone		Email of parent / guardian:
Mobile:		

Medical Information:

Have you ever had	Yes / No	Details (use separate sheet if necessary)
1. Heart trouble, angina, raised blood pressure?		
2. Asthma, bronchitis, tuberculosis or other lung conditions? (Ensure you bring any inhalers).		
3. Diabetes?		
4. Epilepsy, fainting attacks, migraine, severe head injury?		
5. Allergy to foods (e.g. nuts, dairy produce etc.)?		
6. Other allergic reactions (e.g. bee stings, detergent etc.)?		
7. Nervous illness, depression or other psychiatric condition?		
8. History of broken bones, muscle tears or tendon / ligament damage?		
9. Stomach, digestive, abdominal problems?		

10. Blood disorders?		
11. Bladder, urinary problems?		
12. Severe hearing or visual impairments?		
13. Are you suffering from, or are you a carrier of, any infectious diseases, or have you travelled from an area where you may have been exposed?		
14. Have you been treated by a doctor in hospital within the last two years for anything other than a minor complaint?		
15. Are you taking any medication? (If so, please state the condition being treated, name of medication, dosage details and ensure that you bring enough.)		
16. If female, do you know or suspect that you are pregnant? (If so state at what stage of pregnancy you will be when starting your activity with us.)		
17. Do you have or suffer from, any other diagnosed medical or physical condition or is there anything else you wish us to know about? (Including ADHD, ASD etc.)		
Any other details you wish to make the organisers aware of (medical / confidential / behavioural difficulties etc.):		

Statement of Risk:

The Wiltshire Outdoor Learning Team places safety as a top priority. Adventurous Activities involve some risks for the people taking part, and the team aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – cuts and minor fractures) are a possible result of taking part in Adventurous Activities. The Wiltshire Outdoor Learning Team will minimise the actual dangers by:

- Carrying out a careful assessment of all risks before commencing the activity
- Only using experienced instructors with appropriate qualifications for the activity
- Giving clear safety instructions to everyone participating
- Ensuring equipment and clothing is well-maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply information about any medical conditions and necessary medication
- Ensuring good hygiene standards are kept

We expect participants to co-operate with the Wiltshire Outdoor Learning Team's instructors to ensure the safety of all participants, and answering questions honestly about any medical conditions or other information relating to health and safety.

Images:

I agree that photographs and/or video can be taken of my son / daughter / ward / myself and that they may be used for celebration, publicity, marketing purposes or Assessor reports.

Signature:.....

Date:.....

Consent:

I agree to my son / daughter / ward / myself taking part in the activities outlined above. I understand that my son / daughter / ward / myself will take part at his / her / my own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge my son / daughter / ward / myself is competent and medically fit to participate in the activities as part of the group. I agree that medical treatment will be given if necessary and in case of emergency. I understand the information on this form may be stored digitally. I understand that a similar activity may be substituted due to safety factors or weather conditions. I agree to let the Wiltshire Outdoor Learning Team know if any of the above details change during the period my son / daughter / ward / myself are on the course.

Name of participant (or parent / guardian if under 18).....

Signature:.....

Date:.....

Please return this form to St Augustine's Catholic College by 1st March 2019