



# BRISBANE WATER

# SECONDARY COLLEGE

Dear Parent/Guardian,

Today's Date: 6/3/2017

Below are the details of an upcoming Excursion / School Activity involving your child:

Activity Name:	Duke of Edinburgh	Class/Group:	Outdoor Ed.
Destination:	BWSC Umina	Date:	6/3/17
		Cost:	\$120 or \$50 deposit to secure placement

*All notes and payments (or advice of online receipt number) must be returned to Student Reception and finalised by*

Date: N/A

Organising teacher: J Gosden

Email: [joel.gosden3@det.nsw.edu.au](mailto:joel.gosden3@det.nsw.edu.au)

**Excursion description:** The Award is an enriched program that invites young people between the ages of 14 and 25 to participate in a number of activities over a set length of time.

**Privacy Advice Notice:** The information provided on your child is being obtained by the School for the purpose of ascertaining relevant medical information requirements and other health-care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Brisbane Water Secondary College. It will be used by Officers of the NSW Department of Education and Training to assist planning, to support students and to minimise risks when conducting school excursion, sporting or other activities. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity and persons that may be called upon to provide health-care treatment or other assistance during or as a consequence of such excursions or activities. Provision of this information is not required by law. However, a failure to provide the information may mean that your child cannot participate in a particular excursion or school activity. In such circumstances, the school will make available a sound alternative educational experience. Provision of this information will significantly assist the school in planning a safer educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the School Principal to discuss further. You may correct any personal information provided at any time by contacting the School office.

**\*\* Important Note: Excursion/ activity refunds will only be given in extenuating circumstances \*\***

Joel Gosden

Excursion Co-ordinator

Kylie Hocking

Head Teacher

Umina Middle School Campus  
Veron Road  
UMINA NSW 2257

Ph: 02 4341 9066  
Fax: 02 4343 1704  
Email: [umina-h.school@det.nsw.edu.au](mailto:umina-h.school@det.nsw.edu.au)

Woy Woy Senior Campus  
Edward Street  
WOY WOY NSW 2256

Ph: 02 4341 1600  
Fax: 02 4344 3263  
Email: [woywoy-h.school@det.nsw.edu.au](mailto:woywoy-h.school@det.nsw.edu.au)

## PARTICIPANT APPLICATION FORM - UNDER 18 YEARS OF AGE

Includes Parent/Guardian Consent for Participants under 18 years of age

### SECTION 1 – Participant Information & Agreement

To be completed by the Participant

Participant Name: .....  
[given name(s)] [family name]

Home Address: .....

..... State/Territory: ..... Postcode: .....

Gender ☐ Male ☐ Female

Date of Birth: ..... Age: .....

Phone: (Home): ..... (Mob): .....

Email: .....

Award Unit: .....  
BWSC Umina Campus

Level of Entry: ☐ Bronze ☐ Silver ☐ Gold

Registration fee applicable: \$120

### PARTICIPANT DATA (VOLUNTARY):

This information is collected and used for statistical purposes only, to enable us to collect information for the purposes of improving design, evaluation, access, delivery and equity of The Duke of Edinburgh's International Award - Australia (The Duke of Ed/the Award). The provision of this information is voluntary. Please ✓ where appropriate.

Do you identify as being of Aboriginal and/or Torres Strait Islander origin?

☐ Yes ☐ No

Do you speak a language other than English at home?

☐ Yes ☐ No

Do you consider yourself to have a disability, impairment or long-term health condition?

☐ Yes ☐ No

### PARTICIPANT AGREEMENT

☐ I have read and/or had explained to me, and agree to comply with, the Requirements and Conditions of my participation in The Duke of Edinburgh's International Award - Australia, as described on the website [www.dukeofed.com.au](http://www.dukeofed.com.au), and also set out in Section 2 below.

Participant's Signature: ..... Date: .....

## SECTION 2 – Parent/Guardian Consent

This section must be completed for Participants under 18 years of age.

To be completed by the parent/guardian

I, .....  
[full name of parent/guardian]

of .....  
[home address]

..... State/Territory: ..... Postcode: .....

Phone: (Home): ..... (Mob): .....

Email: .....

I am the parent/guardian of ..... (the Participant named in Section 1). I consent to him/her participating in The Duke of Edinburgh's International Award under the supervision of:

.....  
[name of Award Unit (e.g. School/Organisation/Group)]

and to him/her undertaking activities to fulfil the requirements of the Award

### REQUIREMENTS AND CONDITIONS

1. I understand that the Participant cannot participate in the Award until this form has been completed (including Section 2 – Parent/Guardian Consent) and returned to the relevant Award Unit with the applicable registration fee, and has then been accepted by the Award Unit.
2. I consent to the Award Unit and any other individuals, including Volunteers<sup>#</sup>, who are involved in or assist in organising The Duke of Ed, and hired transportation drivers, transporting the Participant for the purpose of participating in activities or functions related to The Duke of Ed, as required. I understand that the Award Unit will notify me in advance of when and where such travel will occur.
3. I understand that certain activities are considered high-risk and that high-risk activities are not covered by the insurance arrangements of the National Award Authority ([www.dukeofed.com.au](http://www.dukeofed.com.au)). I understand that the responsibility for all risks arising from the Participant's participation in the Award is placed solely upon the Participant.
4. I authorise employees, officers or agents of the Award Unit and any other individuals who participate in, are involved in or assist in organising The Duke of Ed, in the event of any accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to The Duke of Ed, to obtain any necessary medical assistance or treatment including, but not limited to, engaging any doctors, nurses or hospital accommodation.
5. I consent to pay all such doctors, nurses or hospital accommodation fees and expenses incurred on behalf of the Participant as a result of any such accident, injury, illness or loss suffered by the Participant whilst participating in, or travelling to and from, any activities or functions related to The Duke of Ed.
6. I consent to and understand the photographs may be taken of the Participant participating in certain activities related to the Award and such photographs may be used for promotion purposes provided an

appropriate release form has been signed by both the Participant and their parent/guardian.

7. I have read and understood the different levels and requirements of the Award as set out in the Outline of the Program (page 5 of this Form).

8. I understand every Participant must participate in the Award through an Award Unit who has the discretion to accept or reject Participants and proposed activities to be undertaken as part of the Award.

9. I understand that the Participant cannot commence any particular Section of the Award until: I have satisfied myself that any Volunteer nominated by the Participant, who is not an employee of the Award Unit, is suitably experienced and/or qualified to instruct/supervise/assess that Section of the Award; and until any relevant Volunteers have completed and returned required documentation to the Award Unit.

10. I understand that upon acceptance into The Duke of Ed by the Award Unit, the Participant will receive a Record Book or gain access to the Online Record Book (ORB). The Participant will read the requirements of the Award contained in the Record Book/ORB/www.dukeofed.com.au prior to commencing activities in relation to The Duke of Ed. I understand that the Award Unit has the discretion to determine whether the Award requirements have been met and therefore whether Bronze, Silver or Gold Award should be issued. I understand that the National Award Authority provides Participants with limited insurance in respect of personal accident and public liability (insurance) commencing upon acceptance into The Duke of Ed by the Award Unit.

11. I understand that:

- a. a Participant must not drive a motor vehicle or transport other Participants participating in activities related to the Award, unless the Participant holds an appropriate and valid driver's licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the Participant's driving; and
- b. a Participant must not be driven by any individual who is not involved in or assisting in organising The Duke of Ed, for the purposes of participating in The Duke of Ed unless the individual holds an appropriate and valid driver's licence and there is appropriate third party insurance in place to cover any person injured as a consequence of the individual's driving.

12. I understand that Participants are required to comply with the Award requirements contained in the Record Book/ORB/www.dukeofed.com.au, the policies of the relevant National or State/Territory Award Operating Authority (as amended from time to time) and requirements of the State/Territory Award Operating Authority and Award Unit in relation to emergency plans, assessment of activities and the conduct of Adventurous Journeys related to The Duke of Ed and understand that Award Units may withdraw their approval to the Participant's participation in The Duke of Ed if they do not comply.

13. I consent to the provision of any personal information that has been provided (including Participant Data) to the Award Unit, State/Territory Award Operating Authority or National Award Authority. I consent to this information being treated in accordance with the provisions of the Privacy Policy of the relevant National Award Authority or State/Territory Award Operating Authority (as amended from time to time), the Australian Privacy Principles contained in the Privacy Act 1988 (Cth), and any other privacy legislation, standards, guidelines or instructions binding on them under privacy legislation.

14. **Privacy:** The National Award Authority and the State/Territory Award Operating Authorities are committed to respecting your privacy. Personal information is collected on this Form for the purpose of participating in the Award. Participants who do not provide this information to us cannot participate in the Award (note that non-provision of Participant Data does not have this consequence). We may also use your personal information to send you information about other Award activities or events which we believe may be of interest to you. We may disclose this information to other Australian and international organisations and service providers who assist us in the operation and administration of the Award. If you would like to contact us

or access your personal information please write to the National Award Authority. You may also contact the National Award Authority and/or where applicable, State/Territory Award Operating Authority to request a copy of their Privacy Policy.

Please ✓ if accepted:

☐ I have read, understood and agree to comply with, the Requirements and Conditions of the Participants participation in The Duke of Edinburgh's International Award, as described above and on the website [www.dukeofed.com.au](http://www.dukeofed.com.au).

Parent/Guardian Signature: .....

Date: .....

The Award Unit agrees to accept the abovementioned as a Participant of the Award according to the Requirements and Conditions as described above and on the website: [www.dukeofed.com.au](http://www.dukeofed.com.au)

Signed on behalf of the Award Unit:

Award Leader Name: .....

Signature.....

Date: .....

**PLEASE RETURN COMPLETED FORM AND REGISTRATION FEE PAYMENT TO THE AWARD UNIT**

<sup>#</sup>For the purposes of The Duke of Ed, and therefore this document, a "Volunteer" means anyone over the age of 18 who assists with The Duke of Ed, either in a paid or unpaid capacity. This includes all Award Leaders, Assessors and Supervisors.

