

# Participant Enrolment Form

## REQUIREMENTS AND CONDITIONS

- 1 I understand that the Participant cannot participate in the Award Program until this form has been completed (including–Parental or Guardian Consent for Participants under the age of 18), returned to the relevant Award Center and received by the NAO.
- 2 I consent to the Award Center and the NAO and any other individuals, including volunteers\*, who are involved in or assist in organizing the Award Program, transporting the Participant for the purpose of participating in activities or functions related to the Award Program, as required. I understand that the Award Center will notify me in advance of when and where such travel will occur.
- 3 I understand that the responsibility for all risks arising from the Participant's participation in the Award Program is placed solely upon the Participant.
- 4 I authorize employees, officers or agents of the Award Center and NAO and any other individuals who participate in, are involved in or assist in organizing the Award Program, 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 Award Program, 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 Award Program.
- 6 I hereby consent to the use of my likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like (together, the "[Images]"), taken by, or made on behalf of, the Award Program. I further give consent for The Duke of Edinburgh's International Award Bermuda and The Duke of Edinburgh's International Award Foundation to use any [Images] for promotional purposes both locally in Bermuda and in other jurisdictions. If the Participant is under the legal age of eighteen years, the parent/guardian hereby gives legal consent on the Participant's behalf. I acknowledge that I will not receive any compensation for the use of such [Images], and hereby release The Duke of Edinburgh's International Award Bermuda and The Duke of Edinburgh's International Award Foundation and their respective employees agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understand the different levels and requirements of the Award Program set out in this Participant Enrollment Form.
- 7 I have read and understand the different levels and requirements of the Award Program set out in this Participant Enrollment Form.
- 8 I understand every Participant must participate in the Award Program through an Award Center who has the discretion to accept or reject proposed activities to be undertaken as part of the Award Program.
- 9 I understand that the Participant cannot commence any particular section of the Award Program until I have satisfied myself that any activity provider nominated by the Participant, who is not an employee of the Award Center or NAO, is suitably experienced and/or qualified to instruct, supervise or assess that section of the Award Program; and until any relevant activity providers have completed and returned any necessary documentation to the Award Center.
- 10 I understand that the Participant will receive access to the Online Record Book ("ORB"). The Participant will read the requirements of the Award Program contained in the ORB prior to commencing activities in relation to the Award Program. I understand that the Award Center has the discretion to determine whether the Award Program requirements have been met and therefore whether a Gold, Silver or Bronze Award should be issued. I understand that The Duke of Edinburgh's International Award Bermuda ("NAO") provides participants with limited insurance in respect of personal accident and public liability commencing upon acceptance into the Award Program by the Award Center.
- 11 I, the above signed Participant and/or Parent/Guardian, understand that the Participant is taking part in any Training, Adventurous Journey and/or Expedition (whether practice or Qualifying Adventurous Journey) at his/her own risk as part of the Award Program. The Award Center and the NAO will be under no liability whatsoever to the Participant. The Participant waives all claims (including negligence claims) against and indemnify the Award Center and the NAO for any injury or loss sustained (whether resulting from negligence or otherwise) as a result of the above Participant taking part in any Training, Adventurous Journey and/or Expedition (whether practice or Qualifying Adventurous Journey) sponsored or organized by the Award Center or the NAO or any of their Award Leaders, National Assessors, Adventurous Journey Supervisors or Agents. I understand that this waiver and indemnity extends to the Award Leaders, National Assessors, Adventurous Journey Supervisors or Agents of the Award Center and the NAO and is governed under Bermuda law. For further assistance, if needed, please contact the NAO (see contact details below).
- 12 I understand that:
  - (a) a Participant must not drive a motor vehicle or transport other Participants participating in activities related to the Award Program, unless the Participant holds an appropriate and valid driver's license and there is appropriate third party insurance in place to cover any person injured as a consequence of the Participant's driving;
  - (b) a Participant must not be driven by any individual who is not involved in or assisting in organizing the Award Program, for the purposes of participating in the Award Program unless the Participant or the Participant's parent or legal guardian has viewed the driver's appropriate and valid driver's license and evidence of insurance to cover the risk of injury to any person as a consequence of the individual's driving.
- 13 I understand that Participants are required to comply with the Award Program requirements contained in the ORB the policies of the NAO or the relevant Award Operating Authority (as amended from time to time) and requirements of the Award Operating Authority and Award Center in relation to emergency plans, assessment of activities and the conduct of Adventurous Journeys related to the Award Program and I understand that the Award Center may withdraw its approval to the Participant's participation in the Award Program if they do not comply.
- 14 I consent to the provision of any Personal Information that I have provided (including Participant Data) to the Award Center to be used and provided to the NAO. I consent to this Personal Information being treated in accordance with the provisions of the Privacy Policy of the NAO and/or the relevant Award Operating Authority (as amended from time to time), and any other privacy legislation, standards, guidelines or instructions binding on the Award Center, the Award Operating Authority and the NAO.
- 15 I consent to the use of my Personal Information by the NAO, the Award Operating Authority or the Award Center for the purpose of sending me information about other Award Program activities or events which may be of interest to me.
- 16 I consent to participate in the Participant Surveys (Online and In person) which are designed to measure the impact and social value of the Award Programme to individuals and the community. These surveys will be delivered through the NAO and International Award Foundation (IAF).

\* For the purposes of the Award Program, and this document, a "Volunteer" is described as anyone over the age of 18 who assists with the Award Program, either in a paid or unpaid capacity including but not limited to all Award Leaders, National Assessors, Adventurous Journey Supervisors or Agents. All paid staff of the NAO and all volunteers throughout the Award Program are vetted through the Bermuda Police Service; provided with SCARS child protection training; familiar with the Child Protection Act of Bermuda (2000); and the Bermuda Government Vulnerable Persons Policy (2014).

# Participant Enrolment Form

Once paperwork and payment have been submitted please see your Award Leader for access to the Online Record Book (ORB).

## PARTICIPANT DETAILS (PLEASE PRINT)

NAME					
		(First)	(Middle)	(Surname)	
HOME ADDRESS					
PARISH				POSTAL CODE	
DATE OF BIRTH		AGE		GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
PHONE	HOME	WORK		MOBILE	
PARTICIPANT EMAIL					
HOME/FAMILY EMAIL					
Award Center					

## MEDICAL INFORMATION

Name of your Personal Doctor			
Address of your Personal Doctor			
Emergency Contact Name			
Relationship to Participant			
Emergency Contact Telephone			
Do you wear eyeglasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, can you see without them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical conditions or physical disability (e.g: Asthma, Diabetes, etc)			

## YOUR REGISTRATION

Minimum Starting Age	BRONZE - 14 years	SILVER - 15 years	GOLD - 16 years
Level of Entry	<input type="checkbox"/> BRONZE	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD
Previous Level Completed	Bridge Level <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> BRONZE	<input type="checkbox"/> SILVER

## CHOSEN AWARD ACTIVITIES

Community Service (describe activity)	
Organization / Activity Provider	
Supervisor Name	
Supervisor Telephone	
Supervisor Email	
Personal Skill (describe activity)	
Organization / Activity Provider	
Supervisor Name	
Supervisor Telephone	
Supervisor Email	
Physical Recreation (describe activity)	
Organization / Activity Provider	
Supervisor Name	
Supervisor Telephone	
Supervisor Email	

OFFICE USE ONLY	
Start Date	ORB Profile Complete <input type="checkbox"/> Yes <input type="checkbox"/> No

# BEST / SEST / GEST Training Day

## Enrolment Form

A Participant Enrolment Form and payment must be submitted to the Bermuda National Award Authority.

### PARTICIPANT DETAILS (PLEASE PRINT)

NAME			
	(First)	(Middle)	(Surname)
AWARD UNIT			
AWARD LEVEL	<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold
BEST / SEST - \$20 Training Fee	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (Payable to: The Duke of Edinburgh's Award)	
GEST - \$30 Training & Food Fe	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (Payable to: The Duke of Edinburgh's Award)	
SIGNATURE OF PARTICIPANT			DATE

### CONSENT OF PARENT/GUARDIAN (For participants under 18 years of age)

I agree to my Son/Daughter/Ward participating in the BEST, SEST or GEST Joint Training Day(s) with The Duke of Edinburgh's International Award Bermuda and agree to the waiver and indemnity set out below. I consent to and understand that photographs may be taken of the Participant participating in certain activities related to the Award Program and such photographs may be used for promotional purposes provided that an appropriate release form has been signed by the Participant and, if the Participant is under 18, their parent/guardian.					
NAME OF PARENT/GUARDIAN					
HOME/FAMILY EMAIL					
PHONE	HOME		WORK		MOBILE

SIGNATURE OF PARENT/GUARDIAN		DATE	
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### NATIONAL AWARD AUTHORITY TRAINING WAIVER & INDEMNITY

<p>To: The above Award Unit and The Duke of Edinburgh's International Award Bermuda (the "DofE").</p> <p>We, the above signed Parent or Guardian, understand that the above participant takes part in any National Award Authority Training at his/her own risk as part of the DofE.</p> <p>The Award Group, Award Leaders and the DofE will be under no liability whatsoever to the participant or to us. We and the participant waive all claims (including negligence claims) against and indemnify the Award Group, Award Leaders and the DofE for any injury or loss sustained (whether resulting from negligence or otherwise) as a result of the above participant taking part in any National Award Authority Training sponsored or organized by the Award Group or the DofE or any of their Award Leaders, Assessors or Agents.</p> <p>We understand that this waiver and indemnity extends to the Award Leaders, Assessors or Agents of the Award Group and the DofE and is governed under Bermuda.</p>
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### The National Award Office contact details:

The Duke of Edinburgh's International Award  
P.O. Box HM 1577  
Hamilton HM GX, Bermuda  
Phone: 1.441.537.4868  
Email: [karen@theaward.bm](mailto:karen@theaward.bm),  
Website: [www.theaward.bm](http://www.theaward.bm)

# Participant Enrolment Form

## MAKE A DONATION

It costs an average of \$400 per young person (annually) to deliver the Award programme in Bermuda and yet Bermuda is the only country in the world that offers the Award free of charge without imposing registration fees and/or ORB fees to our participants. To make a donation please tick the appropriate box below and enclose your donation with this enrollment form to the National Award Office (NAO). You can make a direct deposit online to our Butterfield Bank account - The Duke of Edinburgh's Award [20030060263265200](https://www.butterfield.com/bm/dukeofedinburghsaward). In the notes section please write the name of the participant and their Award Center for our accounting purposes. Thank you in advance for your investment in Bermuda's future!

<b>Donation Amount:</b>	<input type="checkbox"/> \$10	<input type="checkbox"/> \$20	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other _____
<b>Paid By:</b>	<input type="checkbox"/> Online	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Other _____

## 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 programme. The provision of this information is voluntary. Please check where appropriate.

<b>BACKGROUND - Do you identify as:</b>	
<input type="checkbox"/> Bermudian	<input type="checkbox"/> Other (Please specify) _____
<input type="checkbox"/> Non-Bermudian	
<b>ETHNICITY:</b>	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Mixed <input type="checkbox"/> White <input type="checkbox"/> Latino <input type="checkbox"/> Self Identify	
<b>DAY ACTIVITIES</b>	
<input type="checkbox"/> School (Please specify) _____	<input type="checkbox"/> Participating in a youth justice program
<input type="checkbox"/> Employed	<input type="checkbox"/> Participating in an alternative education program
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other (Please specify) _____
<b>ARE YOU A PERSON</b>	
<input type="checkbox"/> With Learning Difficulties	If yes, please specify _____
<input type="checkbox"/> With Physical Challenges	If yes, please specify _____
<input type="checkbox"/> With an impairment or long-term health condition	If yes, please specify _____
<b>How did you first hear about The International Award:</b>	
<input type="checkbox"/> Parent	<input type="checkbox"/> Friend
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Community Event
<input type="checkbox"/> Online	<input type="checkbox"/> School/Community Organization
<input type="checkbox"/> Social Media	<input type="checkbox"/> Other _____

## PRIVACY NOTICE

The Award Center, Award Operating Authorities and NAO are committed to respecting your privacy. The Personal Information that is collected on this form by the Award Center is required for the purpose of your participation in the Award Program. Incomplete information may delay your participation in the Award Program (note that non-provision of PARTICIPANT DATA (VOLUNTARY) does not have this consequence). We may disclose your Personal Information to other Bermudian and international organizations and service providers who assist us in the operation and administration of the Award Program including, but not limited to, the NAO and the Award Operating Authority.

The Privacy Policies of the NAO and the Award Operating Authority contain information about how you may access your Personal Information and seek the correction of such information. The Privacy Policies of the NAO and the Award Operating Authority also contain information about how you may lodge a complaint about a breach of the Privacy Policy, and procedures on how complaints are handled. If you would like to contact the NAO, please phone 1 (441) 537-4868 or email [karen@theaward.bm](mailto:karen@theaward.bm).

## RISK MANAGEMENT

The NAO is committed to the safety of our Participants, volunteers and staff. All volunteers and members of staff are vetted and trained by the NAO, including but not limited to: Volunteer and staff application and interview process; Bermuda Police Record checks; SCARS Child Protection training and certification; Familiarization with the Bermuda Children Act (1989) and Vulnerable Persons Policy (2014); Training on and compliance with the National Award's Vulnerable Persons Policy and Incident Reporting Policy, including procedures; First Aid training and preparedness; NAO training and certification for all Award Leaders, Assessors, staff, etc; All volunteers, Council Members, and staff must sign and adhere to the National Award's Code of Conduct Policy. A copy of this, or any other National Award Policy, is available upon request from the NAO by phone at 1 (441) 537-4868 or email [karen@theaward.bm](mailto:karen@theaward.bm).

# Participant Enrolment Form

PARENTAL OR GUARDIAN CONSENT		This section must be completed for participants under 18 years of age.	
<p>I, _____ (full name of parent or guardian)</p> <p>Of _____ (address)</p> <p>Telephone _____ (home) (work) (cell)</p> <p>Email _____</p> <p>I am the parent/guardian of _____ (the participant named on page 1 of this enrolment form). I consent to him/her participating in The Award Program under the supervision of _____ (Award Center) and to him/her undertaking activities to fulfil the requirements of the Award Program.</p>			
<input type="checkbox"/>	<b>Please tick</b>	I have read, understood and agree to comply with, the Requirements and Conditions of the Participant's participation in The Award Program, as described on page 1 of this enrolment form.	
PARENT OR GUARDIAN SIGNATURE		DATE	

PARTICIPANT CONSENT		This section must be signed by Participants over 18 years of age.	
<input type="checkbox"/>	<b>Please tick</b>	I have read, understood and agree to comply with, the Requirements and Conditions of the Participant's participation in The Award Program, as described on page 3 of this enrolment form.	
PARTICIPANT'S SIGNATURE		DATE	

The Award Center agrees to accept the above mentioned as a Participant of Award Program according to the Requirements and Conditions as described above and on the National website: <http://www.theaward.bm>

Name of Award Center \_\_\_\_\_

Award Leader Name \_\_\_\_\_

Award Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signed on behalf of the Award Center*

**Please return completed form to your Award Leader.**

**The National Award Office contact details:**

The Duke of Edinburgh's International Award  
P.O. Box HM 1577  
Hamilton HM GX, Bermuda  
Phone: 1.441.537.4868  
Email: [karen@theaward.bm](mailto:karen@theaward.bm)  
Website: [www.theaward.bm](http://www.theaward.bm)

# Participant Enrolment Form

## ATTACHMENT 1 - OUTLINE OF THE PROGRAM

*(Please detach and keep this page for your records)*

The Award Program has three levels; **Bronze**, **Silver** and **Gold**. Each of these levels is made up of four Sections: Physical Recreation, Personal Skills, Community Service and Adventurous Journey. The Gold Award has an additional requirement – a Residential Project. All Participants in The Award Program must be registered with an Award Center. The Award Center must validate the activity prior to Participants undertaking any Award activities with their activity provider.

Participants design their own program by selecting activities that interest them and then set their goals according to the following minimum requirements (summarized in the table below).

	BRONZE	SILVER	GOLD
Personal Skill	3 months*	6 months*	12 months*
Community Service	3 months*	6 months*	12 months*
Physical Recreation	3 months*	6 months*	12 months*
Plus for the Major Section	All Participants must complete an additional 3 months in either Skill, Service or Physical Recreation.	Participants who have not achieved a Bronze Award must complete an additional 6 months in either Skill, Service or Physical Recreation.	Participants who have not achieved a Silver Award must complete an additional 6 months in either Skill, Service or Physical Recreation.
Adventurous Journey	2 days + 1 night**	3 days + 2 nights**	4 days + 3 nights**
Residential Project	N/A	N/A	5 days + 4 nights
Minimum age to start	14 years	15 years	16 years
Minimum age to finish	14 years, 6 months	Bronze Awardees: 15 years, 6 months Direct entrants: 16 years	Silver Awardees: 17 years Direct entrants: 17 years, 6 months
Maximum age to finish	Before 25 <sup>th</sup> birthday	Before 25 <sup>th</sup> birthday	Before 25 <sup>th</sup> birthday

\*These are minimum time requirements and are expressed in whole months, during which there should be regular commitment.

\*\*Satisfactory completion of the Adventurous Journey Section includes preparation and training appropriate for the journeys being undertaken and at least one practice journey of a similar nature and duration to the qualifying journey.

- Any young person aged 14 to 25 can become an Award Participant.
  - At Bronze level, if a person is younger than 14 years, but is part of a peer group where the majority are 14 years or older, then some discretion is given to the NAO to allow that young person to start their Bronze Award with the rest of the group.
  - A person may commence Silver at 14 and 9 months if they have completed their Bronze Award. Discretion may be used for Participants who are given concession to start Bronze or Silver early.
  - Participants who commence their Bronze or Silver Award slightly earlier will need to wait until they meet the minimum age for completion before they can claim their Award.
  - No activity undertaken before a Participant's 16<sup>th</sup> birthday may be counted towards a Gold Award.
- The Award Program must be completed by the Participants 25<sup>th</sup> birthday.
- Parent/Guardian consent is required for Participants aged under 18 years.
- All Participants must sign the Participation Agreement.
- The Standards of achieving an Award are individual effort, perseverance and progress.
- Whilst the Award may be offered within school, university, work-time, custody or extra-curricular activity, this is a voluntary program for the Participant's personal benefit. Individuals choose to do this Award Program and must commit a certain amount of their free time to undertake their activities.