



BPE DofE Open Expedition Registration Form

Please complete **all** sections of this form, sign and return it to BPE at the above address. This document has 4 pages.

Section 1: Participant Details

First Name: _____ Surname: _____

Preferred Name: _____

Home Address: _____

Post Code: _____

Tel. Numbers - Home: _____ Mobile: _____

e-mail address: _____

Male / Female: _____ Nationality: _____

Date of Birth: _____ Age: _____

Section 2: DofE Details

Current Award Level Bronze: Silver: Gold: eDofE ID: _____
(This is the number on the top left of your Account screen. If you have just enrolled to do DofE or cannot find your eDofE ID, please ask your School or Youth Group Leader).

Mode of Travel Walk: Canoe: Horse: Cycle:

Previous Experience All levels - Qualifying Expeditions only

Please state date & location of your Practice Expedition

Location: _____ Date: _____

Open Silver or Gold Participants

If you have done your Bronze Expedition, which year was it in: _____
(please leave blank if you have not done Bronze before)

Open Gold Participants

If you have done your Silver Expedition, which year was it in: _____
(please leave blank if you have not done Silver before)

For canoeing, please tick to confirm if you can swim at least 100 metres:

Section 3: Signatures

I wish to register for the DofE Expedition run by BPE and agree to the conditions of registration as detailed overleaf. A parent or guardian must also countersign for all participants in full-time education.

Participant - Signed: _____ Date: _____

Parent/Guardian - Signed: _____ Date: _____



Conditions of Registration

We hope you will enjoy your expedition and have a memorable and successful venture. However, to ensure the smooth running and safety of all our DofE Expeditions, participants are asked to ensure that they are familiar with the BPE DofE Expedition Code of Conduct and the DofE's 20 Expedition Conditions as detailed below.

Consent

- I give full consent for this participant to take part in DofE Expeditions and all relevant and appropriate training.
- I confirm that this participant will attend all the dates set by BPE for the Training and Expeditions.
- I give full consent for this participant to receive treatment, medication and first aid in an emergency situation or if any accident or injury is incurred whilst taking part in the DofE expedition or training.
- I give full consent for this participant's image or name to be used for promotional purposes either for BPE or DofE publicity.
- I give full consent for this participant's contact details to be shared with other participants solely to organise the expedition.
- I agree to pay the BPE Expedition Fee charged for the expedition programme within the timescales as requested.
- I acknowledge that I am liable for any cancellation fee should this participant withdraw, and also that I am liable for any group equipment replacement fee should any items be lost or damaged through misuse whilst in use by this participant.
- I accept that participants must adhere to BPE's DofE Expedition Code of Conduct at all times.
- I accept that BPE is not under any liability in respect of loss or damage to personal property, not caused by the negligence or default of BPE.
- Participation in adventurous activities entails some risk of injury. BPE leaders are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risk of injury. However, I accept that accidents and injury may occur.

BPE DofE Expedition Code of Conduct

- All participants must follow instructions provided by BPE Leaders at all times - these are for everyone's safety and well-being.
- Mobile phones must not be used at any time during the training or expeditions unless in an emergency. Participants are asked **not** to call home without first discussing the reasons with your BPE Leaders. BPE Leaders are fully qualified and will handle any medical and safety issues, and will also co-ordinate any communications with parents through the BPE DofE Co-ordinator.
- All participants must be fully aware of the 20 Expedition Conditions which all DofE Expeditions are based on (see below).
- All participants must treat all parties on the expedition with respect, including fellow team members, BPE Leaders and members of the public. Abuse of any kind will result in that participant being asked to leave the expedition immediately, and excluded from any future activity with no refund being provided.
- BPE reserves the right to defer any participant who the BPE Leaders feel need further training during any part of the programme. Further training will then be offered but this will be at the participant's own expense.

Cancellations and withdrawals

- Should a participant sustain an injury during an expedition which forces them to withdraw, then BPE will make every effort to provide alternative arrangements for that participant to be part of another expedition when fit enough.
- Should a participant withdraw from the programme for any other reason, then a cancellation fee will be levied in line with the information contained within our Terms and Conditions. These are published on our web site.

Use of BPE Equipment

BPE provide tents, stoves, fuel safety bottles, maps and map cases for use by teams throughout all expeditions, along with compasses and other resources during training. All equipment issued must be returned at the designated finish location on completion of the training or expedition, and must be in the same state that it was issued. If any of the equipment issued to participants is not returned at the agreed time, lost or damaged through misuse, then BPE will charge the participant(s) the full replacement cost at RRP, plus a £30 admin fee (£25+VAT).

20 DofE Expedition Conditions (as per DofE Guidelines)

1. All expeditions must be by the participants' own physical effort, without any motorised or outside assistance.
2. All expeditions must be unaccompanied and self-sufficient.
3. All expeditions must be supervised by an adult who is able to accept responsibility for the safety of the team.
4. The expedition must have an aim.
5. All participants' must be properly equipped.
6. Participants must have completed the required training and practice expeditions.
7. At least one practice expedition must be undertaken at each level of the programme, in the same mode of travel and in a similar environment to the qualifying expedition.
8. The team must plan and organise the expedition.
9. Assessment must be by an approved accredited Assessor.
10. There must be between four and seven people in a team.
11. All participants must be within the qualifying age of the programme level.
12. Participants must be at the same level of assessment.
13. The team must not include those who have completed the same or higher level expedition.
14. Accommodation should be camping.
15. The expedition must be of the correct duration.
16. The expedition should normally take place between the end of March and the end of October.
17. The expedition should take place in the recommended environment.
18. The expedition must meet the minimum hours of planned daily activity.
19. A substantial meal should be cooked and eaten by participants each day (optional on final day).
20. A presentation must be prepared and delivered after the expedition.



BPE DofE Expedition Medical Consent Form

Please complete **all** sections of this form, ensure that it is signed and return it to BPE at the above address.
For participants in full-time education, it **must** be completed by a parent/guardian.

Name of Participant: _____

Expedition: BPE Open Bronze Expedition 2015

Section 1: Long-term ailments

Have you suffered from, or received treatment for any of the following conditions:
(Please continue on separate sheets and attach as necessary).

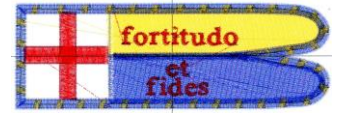
- | | | |
|---|-------------------------------|------------------------------|
| 1. Heart related conditions? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Blood circulatory conditions? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Diabetes? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4a. Asthma (if yes, please provide details of medication, when to use and dosage)? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4b. If yes, have you ever been hospitalised with this condition? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 5. Seizures? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 6. Bone, joint or muscle problems? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 7. Have you suffered from any diagnosed psychological or psychiatric disorder, anxiety or depression? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 8. Any other medical, physical or emotional conditions of any sort? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

If you answered yes to any of the above, please provide full details, including dates and medication where relevant:

Section 2: Current medical status

- | | | |
|---|-------------------------------|------------------------------|
| 1. Are you receiving or waiting for hospital investigation or treatment for any diagnosed or undiagnosed condition? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Have you been referred to or seen by a hospital doctor or surgeon, or needed in patient treatment in hospital in the past 12 months? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Are you currently taking any medication? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

If you answered yes to any of the above, please provide full details, including dates where relevant:



Section 3: Allergies

- | | | | | |
|---|------|--------------------------|-----|--------------------------|
| 1. Do you suffer from Hayfever (please give details of severity and medication)? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| 2. Do you have any allergies (e.g. Nuts, Penicillin, Plasters – please give details)? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| 3. Do you currently have an Epipen, or have ever needed to use an Epipen? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| 4. Do you have any animal-related allergies or concerns about being in close proximity to horses or dogs? | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |

If you answered yes to any of the above, please provide full details, including dates and medication taken, where relevant:

Section 4: GP Information

Name of GP: _____

Practice Name & Address: _____

_____ Post Code: _____

Telephone Number: _____

Section 5: Next of Kin Information & Declaration

Name of Next of Kin: _____

Address: _____

_____ Post Code: _____

Tel. Number - Home: _____ Mobile Number: _____

Relationship to Participant: _____

In the event that this participant has to withdraw from the expedition or need any medical treatment, the next of kin will be contacted and must be available to collect the participant from the expedition area if required.

I declare that this information is correct at the date of signing this Medical Form, and that if there are future changes after this declaration, it is my responsibility to inform BPE of the changes as soon as is possible. Failure to disclose any future changes to this medical form to BPE may preclude the participant from taking part in the expedition, from being insured or for an insurance claim not being covered.

Signed: _____ Date: _____