



GATEWAYS
SCHOOL



GATEWAYS SCHOOL – OPEN AWARD CENTRE
DUKE OF EDINBURGH'S AWARD APPLICATION

Surname _____ Forename(s) _____

Address _____

_____ Post Code _____

Tel No. _____ e-mail _____

Date of Birth ___/___/___ Age _____ School _____

Award Group:- **Gateways School**

Leader's name **Tracy Sockett**

I would like to enter the Award at Bronze Silver Gold

I have completed the following Awards Bronze Silver

Signature of Applicant _____

Date ___/___/___

Consent of parent or guardian (for young people under 18 years of age)

I agree to my son/daughter/ward participating in The Duke of Edinburgh's Award

Signature of Parent/Guardian _____ Name _____ Date ___/___/___

The following information is used to help the Award meet the needs of all young people. Only complete this section if you wish to assist in this way.

Please tick the relevant box

I would describe myself as

Asian or Asian British				Black or Black British			Chinese
Indian	Pakistani	Bangladeshi	Any other	Caribbean	African	Any other	Chinese

Mixed				White			Other (specify)
White & Black Caribbean	White & Black African	White & Asian	Any other	British	Irish	Any other	

I consider myself to have a disability* Yes No

*as defined by the Disability Discrimination Act as "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".