



3<sup>rd</sup> May 2019

Dear Parent/Carer

## Duke of Edinburgh's Assessed Expedition – Saturday June 22<sup>nd</sup> – 23<sup>rd</sup> 2019

We have organised the assessed expedition for the Duke of Edinburgh Bronze Award with overnight camping at Ferrar House, Little Gidding Huntingdon PE28 5RJ. Contact Number for Ferrar House: 01832 293383.

Meeting – Saturday 22<sup>nd</sup> June at 10am at the Bell Inn, Stilton PE7 3RA. (Please can I advise this is drop off only, use the High Street or rear car park).

Collect – Sunday 23<sup>rd</sup> June at 3pm at Barnwell Village Hall, Barnwell, PE8 5QD. (Please note this is an approximate time).

Students will follow their own planned route and will sign in with staff at intervals along the route. They will have mobile phone contact with the staff but must only be used in case of emergency. A kit list will be given to students as will a meal planner. It is important that students abide by the 20 conditions laid down in DofE guide, this will be given to them but is also available on the DofE website [www.dofe.org](http://www.dofe.org)

Students will be required to bring in all their equipment for a full kit check on Wednesday and must have appropriate walking boots in order to be allowed to take part in the expedition. They will also need to plan, within their groups, the food that they will take for the expedition and bring it with them on the day.

Please complete and return the reply slip below to myself by **Wednesday 15<sup>th</sup> May**. Should you have any queries about the expedition, please do not hesitate to contact me via my college email: [jwaters@elycollege.co.uk](mailto:jwaters@elycollege.co.uk)

Yours faithfully

Mr J Waters  
Duke of Edinburgh Award Co-ordinator

**To: Mr J Waters – DofE Award Bronze Assessed Expedition**

Student Name .....

Form .....

Medical/dietary issues affecting my child which may impact on this trip:

.....  
.....

I agree to my child taking part in the visit outlined above. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the date of the visit.

Signed (Parent/Carer): .....

Date.....

Name in Print .....

Emergency Telephone Number .....