# DofE1 Centre Enrolment

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| Name of Centre: |  | | | | |
| Type of Centre:  (e.g. school, college, youth centre) |  | | | | |
| Name of Centre Co-ordinator(s):  Please also specify where more than one centre coordinator exists the role(s). i.e 3rd year, 4th year, senior school, bronze, silver, gold, expedition, skill, volunteering, physical, residential. |  | | | | |
| Senior Management Name with Oversight of DofE |  | | | | |
| Contact Address: |  | | | | |
| Contact telephone number: |  | | | | |
| Correspondence address centre coordinator(s): |  | | | | |
| Correspondence address senior management: |  | | | | |
| **ABOUT YOUR CENTRE** |  | | | | |
| Which award(s) will your centre be undertaking? | Bronze | | Silver | | Gold |
| Roughly how many bronze participants do you intend to have? |  | | | | |
| Roughly how many silver participants do you intend to have? |  | | | | |
| Roughly how many gold participants do you intend to have? |  | | | | |
| How many leaders/helpers do you have? (The recommendation from DofE is 1 leader to 10 participants) |  | | | | |
| Do you intend to run expeditions in house with your own qualified supervisors or buy in staff from a DofE Glasgow Approved Activity Provider or a combination of these? | Own | | AAP | | Combination |
| Are there any areas of concern you have in relation to running the award? |  | | | | |
| **FACILITIES** |  | | | | |
| Do you have an allocated meeting place? | | Yes | | No | |
| Allocated Meeting Place Address: | |  | | | |
| How many people can be accommodated in the allocated meeting place: | |  | | | |
| Are there sufficient welfare facilities? | |  | | | |
| Is there wheelchair access to the meeting place? | |  | | | |
| Are there any other facility on site which the participants will be using? i.e. gym | |  | | | |

As the Duke of Edinburgh’s Award Centre Co-ordinator, I will ensure that I abide by the operational procedures set out by DofE Glasgow (Education Services Glasgow City Council) and keep the DofE support officer notified of any changes with regards to staffing/qualifications, which could affect the health and safety of young people.

Signature of Centre Coordinator:

Sign: Print: Date:

Signature of Head Teacher or Senior Management:

Sign: Print: Date: