

# Somerset Duke of Edinburgh's Award Committee

## Bursary Fund

### Information and application form

A grant programme to support young people aged 14- 24  
complete a Duke of Edinburgh's Award programme in  
Somerset

The initiative provides grants to help disadvantaged young  
people complete their DofE



UNITED GRAND LODGE  
OF ENGLAND

Somerset DofE Committee gratefully acknowledges the support provided to the Bursary by  
The Fairfield Charitable Trust and the Provincial Grand Lodge of Somerset Freemasons

## What is the bursary fund??

The Somerset DofE Committee bursary fund offers grants to enable disadvantaged young people in Somerset to complete a DofE programme. The fund will provide up to £200 to support a Bronze, £300 for Silver and £400 for a Gold award.

## Who decides on the grant?

Somerset DofE Committee includes:

- Somerset County Council, which holds the DofE operating licence
- Organisations which support and provide DofE programmes
- Individuals with strong links to DofE

To find more about the committee and its work, please contact the DofE office

[dofe@somerset.gov.uk](mailto:dofe@somerset.gov.uk)

## Guidance notes:

- Please read the information carefully to ensure your application meets the criteria.
- Ensure you have completed every section of the form and ask your supporting adult to complete their section.
- You can continue on a separate sheet if there isn't enough room to give us as much information as you want.
- You can include supporting information with your application if you wish – but please make sure it's all relevant and useful!

## Please note:

- Bursary grants are available for disadvantaged young people. You should clearly state how you meet this criterion.
- The Bursary may not be able to provide 100% of the grant applied for.
- Successful applicants must provide updates on their progress as requested by the committee.

## The panel's decision is final

## Criteria and Conditions

- Somerset DofE Committee intends the Bursary to help disadvantaged young people to **complete** a DofE programme.
- The Bursary will support young people to complete a programme in any Somerset DofE group – through Somerset County Council's licence, a National Operating Authority or Directly Licenced Centre.
- The young person should complete the form unless they are unable to do so, in which case the reason for this should be stated.
- Each application must be supported by a responsible adult - wherever possible this should be the DofE leader. This adult must not have a 'personal' connection to the applicant.
- The applicant must live in Somerset.
- Applicants can only make one application per DofE level (Bronze, Silver or Gold).
- The maximum grant is £200 for Bronze, £300 for Silver and £400 for Gold. There is no minimum.
- The grant will be paid to the DofE group unless there are good reasons for us to pay another organisation.
- We will not pay the grant to an individual young person or their family.
- We will not fund the purchase of clothing or equipment which is available to hire from the Youth Equipment Store or other reputable organisation. The YES catalogue is available on [www.SomersetYouth.co.uk](http://www.SomersetYouth.co.uk) or phone 01823 410131.
- The committee reserves the right to reclaim any unspent grant where a young person changes their DofE programme or fails to complete the level.
- The committee wants to publicise the Bursary fund and DofE, so may arrange presentations and photos. We expect anyone awarded a grant to participate in this unless there are good reasons not to.

Please send the completed application form to:

**Somerset DofE Committee, DofE Office,**  
Holway Centre, Byron Road, Taunton, Somerset, TA1 2JD  
[DofE@somerset.gov.uk](mailto:DofE@somerset.gov.uk)

**Please note:** This page will be removed from your application to ensure it is anonymous when being assessed. Information on the rest of the form **will** be seen by the people assessing the application so please ensure you only use initials so the information given does not identify you.

## Young person's contact details

**Name:**

**Address:**  
(including postcode)

**Date of Birth:**

**Contact details:**  
**Home phone:**

**Mobile:**

**Email:**

## Young person's declaration:

I confirm that funding awarded will be spent on helping me complete my DofE programme. I confirm that I understand and will comply with the funding criteria and conditions set out at the beginning of this form.

**Signed:**

**Name:**  **Date:**   
(please print)

**This page is intentionally left blank**

This sheet will be removed before assessment to ensure anonymity

# About the applicant:

Age:

**Do you belong to any of the following group(s)? Please tick those that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Young carer<br><input type="checkbox"/> Young person with a disability<br>(please specify below)<br><input type="checkbox"/> Young parent<br><input type="checkbox"/> Black or minority ethnic group<br>(please specify below)<br><input type="checkbox"/> Diagnosed mental health condition or<br>supported by CAMHS*<br><small>* child and adolescent mental health services</small> | <input type="checkbox"/> Looked after young person or care leaver<br><input type="checkbox"/> Low income family receiving means tested<br>benefit (please provide evidence)<br><input type="checkbox"/> Involved with the Youth Offending Team<br><input type="checkbox"/> Lesbian, gay, bisexual, transgender<br><input type="checkbox"/> Other disadvantaged group<br>(please specify below) |
|---|--|

**Additional information:**

## Details

<sup>3</sup>  
**How much are you applying for?**

*(Maximum £200 for Bronze, £300 for Silver, £400 for Gold)*

£

**Please tell us about your DofE programme**

<b>Level:</b>	Bronze	Silver	Gold
<b>DofE group:</b>			
<b>Date started (or due to start):</b>			
<b>Programme activities</b>			
Physical	Skill	Volunteering	Expedition (travel method and date)

**How will completing your DofE programme benefit you**

*(include skills you will learn and how you believe it will make things better for you in the future)*

**Please provide a breakdown of the costs:**

*(show how you arrived at the figure)*

**Who should the grant be paid to?**

**Are you applying for any other funding to help with the cost of your DofE programme? If so please explain:**

# Supporting adult's details

Please ask your supporting adult to fill in this section and sign the declaration on the next page

**Name:**

**Organisation:**

**Job title or position:**

**Relationship to applicant:**

**Address:**

**Telephone:**  
Office:  Mobile:

**Email address:**

**Supporting adult's comments to support this application:**

## Supporting adult's declaration:

I confirm that I will support the young person applying for this grant to complete their DofE programme. I will inform the DofE Committee if they change their programme or fail to complete the level.

**Signed:**

**Name:**  
(please print)  **Date:**

Please send the completed application form to:  
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Holway Centre, Byron Road, Taunton, Somerset, TA1 2JD  
DofE@somerset.gov.uk