



## Participant Enrolment Form

**Please return with enrolment fee of £28 (Bronze & Silver)**

**Please print clearly in CAPITALS or type details in. You must complete all the questions.  
Questions with a \* symbol are mandatory fields within eDofE.**

**If you know the centre and group details, please enter them here:**

DofE centre: Sandringham School
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**Personal details**

Title*: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other	Form:
First name*:	Home Address 1*:
Middle name:	Home Address 2:
Last name*:	Home Address 3:
Primary Language:	Home Town/City*:
Email*:	Home County:
Date of Birth*:	Home Postcode*:
Age:	Telephone no (home):
Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>	Telephone no (mobile):

**Ethnicity\*: (tick one)**

Asian or Asian British				Black or Black British			Chinese or other	
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy and Traveller				Mixed				White
Irish Traveller	Gypsy	Roma	Other	White & Black Caribbean	White & Black African	White & Asian	Mixed (Other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)								
Do not wish to state			<input type="checkbox"/>					

<b>Enrolment level*:</b> (tick one)      Bronze <input type="checkbox"/> Silver <input type="checkbox"/>
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Next of kin name*:
Relationship to next of kin*:
Next of kin telephone:
Next of kin email:



## Participant Enrolment Form

### Consent to enrol from parent or guardian (if applicant is under 18 years old).

I agree to my son / daughter / ward doing a DofE programme. I understand that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE is appropriately managed and insured, unless the activity is directly managed or organised by the group, centre or OA.

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online eDofE system. This system has a set of terms and conditions that you must agree to. These are available at: <a href="http://www.eDofE.org/Terms.aspx">www.eDofE.org/Terms.aspx</a> (pdf document)			
Applicant:			/ /

The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. I would describe myself as (please tick the relevant box):

I consider myself to have a disability 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'.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any medical needs which you believe may influence you on certain activities (i.e. the Expedition section)? This information is only used to ensure your safety on DofE activities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes to either of these questions, please specify:				

Data supplied on this form and information about DofE activities recorded in eDofE will be used by the DofE Charity, the participant's Operating Authority and DofE centre to monitor and manage DofE participation and progress.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system.

### For Operating Authority/Centre administration only

Date registered onto eDofE	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	
Initial password on set up	

**Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they sign into eDofE.**