



DofE Participant Enrolment Form

Please print clearly in CAPITALS or type your details in. You must complete ALL the questions.

DofE Centre and group details (if you know them):

DofE Centre: TSA (GMW)	DofE group: Stretford - Longfords ESU
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DofE level:

Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you registered for any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES – please give the name of the DofE Centre you were registered at: eDofE ID number (if known) :

Personal details:

First name:	Last name:
Date of birth: / /	Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>
Email address: (print clearly)	
Date you wish to start your DofE programme if known (enrolment date): / /	

When you first sign in to eDofE you will be asked to record some personal details such as your contact details, ethnicity and personal circumstances along with details of any medical needs you may have. This data is used to enable your Leaders to support you doing your DofE programme and for the DofE's statistical and reporting purposes. You will always have a 'prefer not to say' option.

Declaration:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at www.eDofE.org

Print Name	Signature	Date
		/ /

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 note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name	Signature	Date
		/ /

