



DofE Participant Enrolment Form

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

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

Unit:	District:	Region:
-------	-----------	---------

DofE level:

Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you previously completed any levels of the DofE? Bronze <input type="checkbox"/> Silver <input type="checkbox"/> N/A <input type="checkbox"/>
What is your eDofE ID number (if known) :

Personal details:

First name:	Last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /
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.

Contact details:

Email address:	
Address (line1):	
Address (line 2):	
Town/City:	
County:	Postcode:
Telephone:	Mobile number:

Emergency contact details:

Emergency Contact name:	Relationship to you:
Emergency contact telephone number(s):	



DofE Participant Enrolment Form

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 Explorer Scout/ Network Unit.

Data supplied on this form and in eDofE and information about DofE activities recorded in eDofE will be used to monitor and manage DofE participation and progress by young people and manage and support Leaders.

Print Name	Signature	Date
		/ /

For Award Leader administration only:

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