Breconshire Award Scheme Group

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):

DofE Centre: Breconshire Award Scheme Group	DofE group: Breconshire Award Scheme Group

DofE level:

Bronze ☐   Silver ☐   Gold ☐
Have you registered for any previous levels of the DofE? No ☐ Yes ☐
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:
Gender: Male ☐ Female ☐	Date of Birth:
Primary language English ☐ Welsh ☐ Other ☐	
Date you wish to start your DofE programme if known (enrolment date):	

When you first sign in to *e*DofE 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:

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

Emergency contact details:

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

P.T.O.

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Declaration:

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	☐	No	☐
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	☐	No	☐
If yes to either of these questions, please specify:				

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online *e*DofE 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

Note:
Data supplied on this form and in *e*DofE and information about DofE activities recorded in *e*DofE will be used by the DofE Charity, the Licensed Organisation and DofE centre to monitor and manage DofE participation and progress by young people and manage and support Leaders.

The DofE Charity will use personal data to communicate useful and relevant information to either help participants complete a DofE programme, Leaders/LOs to run DofE programmes more effectively or help the DofE Charity to improve the quality and breadth of its programmes.

We also send emails that contain information about the Charity, DofE negotiated privileged discounts and invites to events and other activities however if you would like to receive these emails you will need to opt in. Once you have opted-in to this you can opt out at any time by visiting www.dofe.org/preferences, or clicking the unsubscribe link that can be found at the bottom of all non-programme related email.

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