



DofE Participant Enrolment Form – to be handed in to school

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

DofE level:

Bronze <input type="checkbox"/> Silver <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:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / /

When you first sign into 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.

Parental information:

Information is often shared with parents regarding sections and expeditions. Please provide an email address where communication home can be made when needed.

Primary Parent e-mail address:
Second Parent e-mail address (optional) :

Proposed Activities:

Section	Timescale	Activity	Assessor
Physical			
Skills			
Volunteering			

Declaration: Student

I agree to enrol as a participant on a DofE programme. I understand that I have to take responsibility for arranging my activities and 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 <https://www.dofe.org/do/basicinformation/edofe-terms-of-use/>.

I understand that I must be truthful and adhere to the DofE principles and keep my DofE leader informed of my progress.

Print Name	Signature	Date
		/ /

GDPR: Student

I am happy for the school to take photos/videos and use these for publications, marketing, displays and media.

Print Name	Signature	Date
		/ /

Consent to enrol from parent or guardian

I agree to my son / daughter doing the DofE programme. I understand the commitment the completion of the award entails and I note that it is my responsibility to check that any activity my son / daughter 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 eDofE and information about DofE activities recorded in eDofE 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.

For Licensed Organisation/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	