



# DofE Participant Enrolment Form



Please print clearly in CAPITALS or type in your details.

Please complete all sections. If sending electronically please print and obtain signatures before scanning / saving a jpeg image. See final box for payment methods.

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

|   |                       |
|---|-----------------------|
| DofE Centre: Girlguiding <a href="#">Derbyshire</a> | Guiding Group / Unit: |
| Name of your Unit Leader (if known):                |                       |

**DofE level:**

|  |        |                  |      |
|--|--------|------------------|------|
| Tick as appropriate  | Bronze | Silver           | Gold |
| Have you previously registered for the DofE? Tick as appropriate | No     | Yes              |      |
| If YES – Name of the DofE Centre you were registered at?         |        | eDofE ID number: |      |

**Personal details:**

|   |   |
|---|---|
| First name:<br><i>Ensure that this is the name you are known by</i>                     | Last name:  |
| Girlguiding <a href="#">Go!</a> Number:   | Date of Birth:        /        /                              |
| Primary language: Tick as appropriate   | English                      Welsh                      Other |
| Date you wish to start your DofE programme if known (enrolment date):        /        / |   |
| Email address:<br><i>Please ensure that this is easily readable.</i>                    |   |
| Your Mobile number:   |   |

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.

**Emergency contact details:**

|  |                      |
|--|----------------------|
| 1) Emergency Contact name:             | Relationship to you: |
| Emergency contact telephone number(s): |                      |
| 2) Emergency Contact name:             | Relationship to you: |
| Emergency contact telephone number(s): |                      |

|                            |                     |        |   |
|----------------------------|---------------------|--------|---|
| <b>Participation Fees:</b> | Tick as appropriate |        | <b>Cheques made payable to: The Guide Association Derbyshire</b><br><br>Or<br><b>BACS to 'The Guide Association' A/c 22193760 Sort Code 30 99 08 quoting DofE &amp; Participants Name</b> |
| Bronze Welcome Pack:       |                     | £33.00 |   |
| Silver Welcome Pack:       |                     | £33.00 |   |
| Gold Welcome Pack:         |                     | £40.00 |   |

**Declaration:**

By signing this form I understand that the information recorded here will be held on a database by a person appointed as a records officer by Girlguiding UK. This information will be held in confidence within Girlguiding UK for administration purposes; it will not knowingly be made available to any outside organisation. If under 16, I have obtained the consent of my parent or guardian to make this application.

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.

Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your eDofE profile at any time.

**Information for parent or guardian regarding costs**

I also understand that although there may be costs involved in the participant undertaking the Volunteering, Skills or Physical (and Residential at Gold level) Sections of their DofE programme (for example Music lessons for Skills, or Swimming lessons for the Physical section), there will be costs incurred when undertaking the Expedition Section. In addition to the costs of ensuring the participant is properly equipped to carry out an expedition (for example suitable clothing including Waterproof Jacket & Trousers, Rucksack and expedition Food), there will be costs incurred by the trainer(s) & supervisor, and assessor of the qualifying expedition, i.e. travelling costs to & from home and during the expedition, and also campsite fees – these costs are shared between all participants in the expedition group, although some financial support may be provided by the Girlguiding unit.

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](http://www.edofe.org)

| Print Name (Participant) | Signature | Date |
|--------------------------|-----------|------|
|                          |           | / /  |

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

I agree to my child / ward doing a DofE programme. I note that it is my responsibility to check that any activity they undertakes for their DofE Award is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation (Girlguiding UK).

| Print Name (Parent or Guardian) | Signature | Date |
|---------------------------------|-----------|------|
|                                 |           | / /  |

**Approval by Unit Leader**

| Print Name | Signature | Date |
|------------|-----------|------|
|            |           | / /  |

**For Girlguiding administration only:**

|                            |          |
|----------------------------|----------|
| Date registered onto eDofE | / /      |
| Expected start date        | / /      |
| Participant Fee received   | Yes / No |
| Username                   |          |
| User ID number             |          |

**Completed Forms & cheques should be sent to the Girlguiding County office:**

Suite 3C, Unicorn Business Park,  
Wellington Street, Ripley  
Derbyshire DE5 3EH