

# **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.

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DofE Centre and group of	•						
DofE Centre: Girlguiding I	•	Guidin	g Group / Ui	nıt:			
Name of your U	nit Leader (if known):						
DofE level:							
Tick as appropriate	Bro	nze	Silver		Gold		
Have you previously registered for the DofE? Tick as appropriate No Yes							
If YES – Name of the DofE	Centre you were regi	stered	at?	eDofE ID	) numbe	er:	
Personal details:							
First name:			st name:				
Ensure that this is the na	me you are known by	,					
Girlguiding Go! Number:		Do	ate of Birth:		/	/	
Primary language: Tick a	s appropriate English		Welsh		Other		
Date you wish to start yo	ur DofE programme if	known	(enrolment	date):	/		/
Email address:							
Please ensure that this is easily	readable.						
Your Mobile number:							
When you first sign in to e details, ethnicity and perso data is used to enable your and reporting purposes. You	onal circumstances alon Leaders to support you u will always have a 'pre	g with c doing y	etails of any our DofE prog	medical	needs y	ou mo	ay have. This
Emergency Contact name:			Re	lationsh	ip to yo	u:	
Emergency contact telep	ohone number(s):		<u> </u>				
2) Emergency Contact name:			Re	lationsh	ip to yo	u:	
Emergency contact telep	ohone number(s):						
Participation Fees:  Bronze Welcome Pack:	Tick as appropriate £3	30.50	Cheques Association			to: Ti	ne Guide

Participation Fees:	Tick as appropriate		Cheques made payable to: The Guide
Bronze Welcome Pack:		£30.50	Association Derbyshire
Silver Welcome Pack:		£30.50	Or
Gold Welcome Pack:		£37.50	BACS to 'The Guide Association' A/c 22193760 Sort Code 30 99 08 quoting DofE & Participants Name

#### 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

Print Name (Participant)	Signature	Date
		1 1

### 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
		1 1

### Approval by Unit Leader

Print Name	Signature	Date		
		1		

#### For Girlguiding administration only:

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

## <u>Completed Forms & cheques should be</u> <u>sent to the Girlguiding County office</u>:

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