Participant Enrolment Form

Scouts
Southgate District
Explorer Scouts

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: Greater London North Scouts	DofE group: Southgate District DofE Unit

DofE level:

Bronze ☐ (£33)	Silver ☐ (£33)	Gold ☐ (£40)
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: *e*DofE ID number (if known) :		

Payment Details:

I have paid via:	Cash ☐	Bank Transfer* ☐	If bank transfer:	Date: Ref:

* Preferred method, see account details below:

Account Name: Southgate District Scouts
Sort code: 20-98-21
Account number: 80855855

Please use a sensible **payment reference**, e.g. "DoE_surname_initial_Silver"

Please fully complete the form making sure it is legible.
Hand it to your DofE Unit Leader, Louis Wohlgemuth, along with payment or post it to the District Advisor at: District DofE Advisor, 5 Clarence Road, London N15 5BB

APPLICANT 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.

APPLICANT Contact details:

* Email address: (important, so be clear)
Address (line1):
Address (line 2):

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Town/City:	
Postcode:	
Telephone:	Mobile number:

EMERGENCY (responsible adult) **contact details:**

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

Declaration:
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.

For Licensed Organisation/Centre administration only:

Date registered onto *e*DofE	/ /
Expected start date	/ /
Participant Fee received	Yes ☐ No ☐
Username	
User ID number	