



## **Participants Enrolment Form**

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

Personal details										
DofE group / centre:*										
Title:* : Mr 🗌 Miss 🗌 Ms 🗌 Mrs 🗌 Other			Address 1:*							
First name:*	Address 2:									
Middle name:*			Address 3:							
Last name:*			Town/City:*							
Primary Language:*			Postcode:*							
Date of Birth:*		Email:* @								
Age:*		Telephone no (home):*								
Gender:* Male	Gender:* Male 🗌 Female 🔲 Telephone no (mobile):									
		Enrolm	ent level:* (tick one)		Bronze 🗌	Silver 🗌	Gold			
Please attach a cheque payable to Kirklees Council for £28 or £35. This price includes a contribution to the administration & operation costs of the Dofe Award in Kirklees					£28.00	£28.00	<del>£35.00</del>			
Previous levels/secti					yments by cro		<u> </u>			
			Call our admin on 01484 225952							
ID Number:	Centre:									
		lver		Next of kin name:*						
Completed entire level		Completed entire level								
Volunteering		] Volunteering		Relationship to next of						
Physical		] Physical		kin:*						
		] Skills		Next of kin telephone:*						
		Expedition								
Data Protection Act 1998 & C development and audit and w Agencies where this is neces http://www.kirklees.gov.uk/be I understand during the scher Consent to enrol from	vill be used for those sary for and consists eta/information-and-co me photos and video a parent or guar	e purposes only. T ent with the stated data/how-we-use-y o footage will be ta rdian (if applic	he DofE Team may sh purposes. You can vi our-data.aspx ken and that images c cant is under 18 y	iare i iew k an b	it with other Counc Kirklees Council po e used for promoti	cil Services and olicies via	Partner			
agree to my son / daughter / ward doing a DofE programme. Print Name Signature Date						to				
			Oignature			Date				
Parent/guardian:*						/	/			
I agree to enrol as a pa system. This system h access <i>e</i> DofE.										
	Print	Name	Signature		Date					
Applicant:*						/	/			

## The following information is used to help the DofE meet the needs of all young people. I would describe myself as (please tick the relevant box):

Asian or Asian British			Black or Black British			Chinese or other		
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Other
	Gypsy and T	raveller		Mixed				
Irish Traveller	Gypsy	Roma	Other	White & Black Caribbean	White & Black African	White & Asian	Other	White
Other (please spec	cify)							

Data supplied on this form and information about DofE activities recorded in *e*DofE will be used by the DofE Charity, the participant's Operating Authority and DofE centre to monitor and manage DofE participation and progress.

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:			

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the *e*DofE messaging system. Participants can choose to receive this information to an external email account or by post using the *personal preferences* section in *e*DofE. These preferences can be updated at any time.

## For Operating Authority/Centre administration only

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Date registered onto eDofE	/ /
Participant Fee received	Yes No
Username	
Initial password	

Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they log on to eDofE.