



HOODIE SIZE (ADULT UNISEX) _____

INITIALS _____

DofE Participant Enrolment Form

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: | DofE group: _____ |
|--------------|-------------------|

DofE level:

| |
|---|
| Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <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: / / |
| Primary language English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> | |
| Date you wish to start your DofE programme if known (enrolment date): / N/A / | |

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.

Contact details: STUDENT

| | |
|-------------------|----------------|
| Email address: | |
| Address (line1): | |
| Address (line 2): | |
| Town/City: | |
| County: | Postcode: |
| Telephone: | Mobile number: |

Emergency contact details:

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

P.T.O.