

DofE Centre and group details:

Bronze

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Have you registered for any previous levels of the DofE?

Age:

If yes, please give the name of the DofE Centre you were registered with:

DofE Centre:

Date of Birth:

E-mail:

DofE Level:

Personal details:
First name:

Participant Enrolment Form

Please print clearly in CAPITALS or type details in. You must complete all of the questions.

Silver

When you first sign in to eDofE you will be asked to record some personal details such as your contact details, ethnicity and

DofE Group:

Surname:

Gold

eDofE ID number (if known)

No

Yes

support you doing your DofE prefer not to say' option.						S to
Declaration: I agree to enrol as a participar eDofE system. I acknowledge are available at www.eDofE.org	that this system					
Print Name		Signa	ature		Date	
					/ /	
Consent to enrol from part agree to my son / daughter / son / daughter / ward undertal directly managed or organised	ward doing a Do	ofE programme. I note that it E programme is appropriatel roup, Centre or Licensed Or	is my responsibility to y managed and insur ganisation.		less the activity is	my
Print Name		Signa	ature		Date	
					/ /	
Note: Data supplied on this form and Charity, the Licensed Organisc people and manage and supp	ation and DofE C					Έ
The DofE Charity will use pers a DofE programme, Leaders/L and breadth of its programmes	Os to run DofE					
Occasionally the DofE Charity discounts and invites to events Once you have opted-in to this unsubscribe link that can be for	s and other activ s you can opt ou	ities however if you would lik t at any time by visiting <u>www</u>	ke to receive these er v.dofe.org/preference:	nails y	ou will need to opt	
For Centre administration	only					
	i Offig.					
Date registered on eDofE	only.	Ехр	ected start date			
Date registered on eDofE eDofE Username	only.	_	ected start date			