



## Participant Enrolment Form



Girlguiding Cymru  
*merched ar y blaen  
girls in the lead*

Please print clearly in CAPITALS or type details in. You must complete all the questions. Those marked with an \* are mandatory fields within eDofE.

County:	Unit:
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### Personal Details

Title*: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/>	Home Address 1*:
First Name*:	Home Address 2:
Last Name*:	Home Address 3:
Primary Language:	Home Town/City*:
Email*:	Home County:
Date of Birth*:	Home Postcode*:
Age:	
Telephone No (home):	Telephone No (mobile):

Enrolment level*: (tick one)	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>	Gold <input type="checkbox"/>
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Bronze & Silver Registration - <b>£12.00</b>	Gold Registration - <b>£18.00</b>	Cheques payable to Girlguiding Cymru please
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Previous Levels/sections*. Please tick which sections/levels you have completed.	
BRONZE	SILVER
<input type="checkbox"/> Completed entire level	<input type="checkbox"/> Completed entire level
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Physical	<input type="checkbox"/> Physical
<input type="checkbox"/> Skills	<input type="checkbox"/> Skills
<input type="checkbox"/> Expedition	<input type="checkbox"/> Expedition

Next of kin name*:
Relationship to next of kin*:
Next of kin telephone:
Next of kin email:



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### Consent to enrol form parent or guardian (if applicant is under 18 years old).

I agree to my daughter/ward doing a DofE programme. I understand that it is my responsibility to check that any activity my daughter/ward undertakes for their DofE is appropriately managed and insured, unless the activity is directly managed or organised by the group, centre or OA.

	Print name	Signature	Date
Parent/guardian:			

I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online eDofE system. This system has a set of terms and conditions that you must agree to. These are available at: [www.eDofE.org/Terms.aspx](http://www.eDofE.org/Terms.aspx) (pdf document)

	Print name	Signature	Date
Applicant:			

The following information is used to help the DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. I would describe myself as (please tick the relevant box):

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either of these questions, please specify:		

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

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 the DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system.

### For Operating Authority/Centre administration only:

Date registered onto eDofE:	
Expected start date:	
Participant Fee received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username:	
User ID number	
Initial password on set up:	

Name & Address of DofE Adviser