

2024-2025 DofE Participant Enrolment Form

Please print clearly in CAPITALS or type your details in, and return pages 1 & 2 to us when complete. You must complete all the questions.

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: _____ and eDofE ID number (if known): _____		

Participant's Personal Details:

First name:	Last name:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:
Primary language: English <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/> _____	

When you first sign in to eDofE you will be asked to record some further personal details and your contact details, along with details of any medical needs you may have, as well as your ethnicity and personal circumstances. This data is used to enable your Leaders to support you doing your DofE programme and the latter data for the DofE's statistical and reporting purposes, for which you will have a 'prefer not to say' option.

Participant's Contact Details:

Participant's Email address: N.B. Please ensure this is NOT a school email address, or that of the parent or guardian – it is used to set up the eDofE account for the participant.
Participant's Mobile number:

Parent/Guardian/Emergency Contact Details:

Parent/Guardian/Emergency Contact name:	Relationship to the participant:
Parent/Guardian/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 eDofE 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. Please circle the response as applicable.

Continued.....

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
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:			
I agree to my picture being used by Breconshire Award Scheme Group for their literature and social media posts.		Yes	No
To support the progress of your Award, we use WhatsApp. We would like permission to add your mobile number to a WhatsApp Award Group (either Bronze, Silver or Gold) so that we can communicate with you as a group. We will monitor the Group chat content.			
I consent to my mobile number being added to a WhatsApp group to facilitate communication.		To confirm, please provide your mobile number:	

Print Participant's Name	Participant's Signature	Date

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

- I agree to my son/daughter/ward* taking part in 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.
- I do / do not* consent to the mobile number of my son/daughter/ward* being added to a WhatsApp group to facilitate communication.
- I do / do not* consent to the use of pictures of my son/daughter/ward* by Breconshire Award Scheme Group for their literature and social media posts.

Print Name	Signature	Date
Parent/Guardian* Contact Email Address**		
Parent/Guardian* Contact Mobile Number**		

* Delete as applicable

** Please provide these as they are critical to the running of Breconshire Award Scheme Group CIC, so that we can share with you any relevant information regarding your son or daughter's DofE Award activities. We will add your phone number to a Parents/Guardians WhatsApp Group (broadcast) to facilitate ease of communication, however, we will NOT share your email address and phone number any wider, or send irrelevant information.

Enrolment Fees & Payment Information:

Award Level	Cost
Bronze	£38
Silver	£38
Gold	£45

The enrolment fee can be paid by cash or by bank transfer using the following details:

Account Name: *Breconshire Award Scheme Group*

Account Number: *86564765*

Sort Code: *51-81-27*

Please put the participant's name as the reference.

Notes:

Data supplied on this form and entered in to eDofE, and information about DofE activities recorded in eDofE will be used by the DofE Charity and the Licensed Organisation (Breconshire Award Scheme Group CIC) 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.

DofE also sends 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.