

The Scout Association DofE Participant Enrolment Form



SOUTH YORKSHIRE

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

DofE Centre and Group details:								
DofE Centre: South Yorkshire Scouts	DofE Group: Rotherham District Scouts							
DofE level:								
Bronze Silver Gold G	Previous levels/sections* – please tick which sections/levels you have completed:							
Have you registered for any previous levels of the DofE? No ☐ Yes ☐	Bronze	Silver						
If YES – please give the name of the DofE Centre you were registered at:	☐ Completed entire level	☐ Completed entire level						
	□ Volunteering	□ Volunteering						
eDofE ID number: (Unless this is your 1st D of E award)	☐ Physical	☐ Physical						
	Skills	Skills						
	Expedition	☐ Expedition						
Participant Personal details:								
First name:	Last name:							
Gender: Male □ Female □	nder: Male							
Primary language: English Welsh Other								
Date you wish to start your DofE programme if known (enrolment date):								
Email address:								
Address (line1):								
Address (line 2):								
Town/City:								
County:	Postcode:							
Telephone:	Mobile number:							

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.



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	Emergency contact details:					H IURKS	
				p to you:			
	Emergency contact telephone no	mergency contact telephone number(s):					
	Declaration: I agree to enrol as a participant using the online eDofE system. agree to. These terms and cond	I acknowledge that this syste	m has a set				
	Print Name	Signature		Date		:e	
					/	/	
Consent to enrol from parent or guardian (if applicant is under 18 years old). I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check the 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.						anaged and censed	
	Print Name	Signature			Dat	:e	
					/	/	
Note: Data supplied on this form and in eDofE and information about DofE activities recorded in eDofE will be used by the DofE Charity, the Licensed Organisation and DofE centre 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. Occasionally the DofE Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the DofE Charity you can choose not to by amending your contact preferences in your eDofE profile at any time. Return your completed form and payment to: Jamie Brown, South Yorkshire Scouts, Hesley Wood Scout Activity Centre, White Lane, Chapeltown, Sheffield, S35 2YH jamie.brown@syscouts.org.uk Bank Details: HSBC – South Yorkshire Scouts 40-17-04 61095633 Reference: "DOFE" plus participant name Credit/Debit Card: Please contact the office on 0114 246 8551 if you wish to pay by card							
I		outh Yorkshire Scouts" Silver Participant Fee = £2 218			-		
	Expected start date	/ /					
l	Participant Fee received	Yes No No					
l	Username						
I	User ID number						

South Yorkshire County Scout Council