



D of E Participant Enrolment Form

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

D of E Centre and group details (if you know them):

D of E Centre:	D of E group:
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D of E level:

Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>
Have you registered for any previous levels of the D of E? No <input type="checkbox"/> Yes <input type="checkbox"/>
If YES – please give the name of the D of E Centre you were registered at: eD of E 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 D of E programme if known (enrolment date): / /	

When you first sign in to eD of E 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 D of E programme and for the D of E's statistical and reporting purposes. You will always have a 'prefer not to say' option.

Contact details:

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.



D of E Participant Enrolment Form

Declaration:

I agree to enrol as a participant on a D of E programme. I understand that I will be managing my programme using the online eD of E 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

Print Name	Signature	Date
		/ /

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

I agree to my son / daughter / ward doing a D of E programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their D of E programme is appropriately managed and insured, unless the activity is directly managed or organised by their D of E group, centre or Licensed Organisation.

Print Name	Signature	Date
		/ /

Note:

Data supplied on this form and in eD of E and information about D of E activities recorded in eD of E will be used by the D of E Charity, the Licensed Organisation and D of E centre to monitor and manage D of E participation and progress by young people and manage and support Leaders.

The D of E Charity will use personal data to communicate useful and relevant information to either help participants complete a D of E programme, Leaders/LOs to run D of E programmes more effectively or help the D of E Charity to improve the quality and breadth of its programmes.

Occasionally the D of E Charity may send you information relating to commercial offers. If you do not wish to receive commercial information from the D of E Charity you can choose not to by amending your contact preferences in your eD of E profile at any time.

For Licensed Organisation/Centre administration only:

Date registered onto eD of E	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	