###### Registration form for entering the Duke of Edinburgh’s Award

###### Please print clearly in CAPITALS or type details in. You must complete all the boxes.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Scout District: | | | |  | | | | | | | | | | | | | | | | | | Explorer or Network Unit: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Name of Unit Leader: | | | |  | | | | | | | | | | | | | | | | | | Leader’s Email address: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | Mr | | | | | |  | | | Miss | | | | | |  | | | Ms | | |  | | | | Mrs | | |  | | | | | | Other: | | | |  | | | | | | |
| First name: | | | |  | | | | | | | | | | | | | | | | | | Middle name: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Last name: | | | |  | | | | | | | | | | | | | | | | | | Home Address 1: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Home Address 2: | | | |  | | | | | | | | | | | | | | | | | | Home Address 3: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Home Town/City: | | | |  | | | | | | | | | | | | | | | | | | Home Postcode: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Date of Birth: | | | |  | | | | | | | | | | | | | | | | | | Age: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Telephone no (home): | | | |  | | | | | | | | | | | | | | | | | | Telephone no (mobile): | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Gender: | | | | Male: | | | | | | |  | | | | Female: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email: |  |  |  | |  |  |  | |  | | |  | |  | | |  |  | | |  | |  |  | |  | |  | |  |  | | |  |  | |  | |  |  |  | |  |  |  |  |  |  |
| **Enrolment level:** (tick one) | | | | | | | | Bronze: | | | | | | | |  | | | | Silver: | | | | |  | | Gold: | | | | | |  | | |  | | | | | | | | | | | | |

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| **Previous levels/sections\* – please tick which sections/levels you have completed:** | | | | | | | | | | |
| **Bronze** |  | Completed award |  | Volunteering |  | Physical |  | Skills |  | Expedition |
| **Silver** |  | Completed award |  | Volunteering |  | Physical |  | Skills |  | Expedition |

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| **Consent to enrol from parent or carer (if applicant is under 18 years old).**  I agree to my son / daughter / ward doing a DofE programme. I understand that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE is appropriately managed and insured, unless the activity is organised by the Scout Association. | | | | | |
| Parent/carer’s Name: |  | Signature: |  | Date: |  |
| I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online *e*DofE 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) | | | | | |
| Applicant’s Name: |  | Signature: |  | Date: |  |

Please return form with payment for **£29 for Bronze/Silver or £37 for Gold** (preferred Payment Method: BACS payable to Sort Code 40-52-40, Account number 00027276. Alternatively cheques made payable to *Gloucestershire County Scout Council).* Please send to [admin@gloucestershire-scouts.org.uk](mailto:admin@gloucestershire-scouts.org.uk) or to DofE Admin, Cranham Scout Centre, Cranham, GL4 8HP. Please note the payment includes a Scouts Cloth badge and DofE Pin badge as well as a general administration fee.

Data supplied on this form and information about DofE activities recorded in *e*DofE 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 DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the *e*DofE messaging system.

**For County Adviser use only**

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| --- | --- | --- | --- |
| Registered on *e*D*of*E | /     / | Username |  |
| Start Date | /     / | User ID number |  |
| Participant Fee Received | Yes  No | Initial Password |  |