



**Participants' Enrolment Form
West Berkshire Council DofE Programme**

Please print clearly in **CAPITAL** letters. Please answer all the questions. Questions with a *symbol must be completed.

All information on this form will be stored in secure West Berkshire Council databases and will not be shared with other organisations without seeking prior permission.

DofE Centre: St Bart's	DofE Group: Bronze £39 Silver £49 Gold £66	Centre Coordinator/Leader: Linnhe Lay
* First Name:		* Last Name:
* Male/Female (please circle one)		
* Address:		
Post Code		
Contact Telephone no:		
* Date of Birth:		* Age:
* Email (Please print and be accurate) :		

I would like to enter the DofE programme at (please tick one box)

Bronze level (14/year 9 +)
 Silver level (15 years +)
 Gold level (16 years +)

Previous levels/sections – please tick those you have completed below.	
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
Please note that we cannot enter you for Silver or Gold unless you have completed at least one section at the previous level and it has been approved by your leader.	

Parent/Responsible Adult:
Relationship to parent/responsible adult:
Contact phone number for above:
Contact email for above:

The following information is used to help the DofE meet the needs of all young people.

I would describe myself as (please tick the relevant box):

Asian or Asian British				Black or Black British			Chinese or other	
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Other	Chinese	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy and Traveller				Mixed				White
Irish Traveller	Gypsy	Roma	Other	White & Black Caribbean	White & Black African	White & Asian	Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)								

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 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 directly managed or organised by the group, Centre or Operating Authority. (Advice is available from the group's DofE leaders or from the Market Street office).

Please make cheques payable to **West Berkshire District Council** and either give to DofE leader with this form or send both to West Berkshire Council Cultural Service (DofE), Council Offices, 1st Floor Market Street, Newbury RG14 5LD Telephone; 01635 519554 (tchandler@westberks.gov.uk for enquiries)

Contact office above or group leader for current cost of participant place or look on WBC website:

www.westberks.gov.uk/youth/dofe

	Print Name	Signature	Date
Parent/guardian			
I agree to enrol as a participant on a DofE programme. Please note that the DofE programme will be through the online eDofE system. This has a set of terms and conditions that you must agree too. These are available on the West Berkshire Council website: www.westberks.gov.uk/Youth/DofE/eDofE . The DofE Online Services Privacy Policy is also available here. The Privacy Policy is also available on www.dofe.org (bottom of the page). eDofE terms and conditions are also available on this website in Leaders then eDofE or Leaders then resources and Downloads.			
Applicant			

The information below 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:				

1. 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 (WBC) and DofE Centre to monitor and manage DofE participation and progress.

2. The DofE Charity may use this to send information through the eDofE messaging system to help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity make improvements.

3. Participants can choose to receive this information to an external email account or by post using the **Personal Preferences** section in eDofE; or choose not to receive it at all. These preferences can be updated at any time.

4. All participants must change their password when they log on for the first time.

For West Berkshire Council DofE administration only	
Date Registered onto eDofE:	
Participant Fee received:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Internal transfer <input type="checkbox"/> Invoice <input type="checkbox"/> Grant
Username:	
User ID:	
Initial Password on set up:	
Placement pack sent on:	
Note: This is recorded in case lost. Everyone MUST change their password the first time they log on to eDofE.	