



St Bartholomew's DofE Participant Enrolment Form

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

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 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.

Print Name	Signature	Date
		/ /

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.

Payment:

Please make payment on Parent Pay, complete this form and give it to Linnhe Lay during a Thursday lunch break in room W213 or on any day give it to Mrs Tyson in room W114.

Further DofE information can be found on the schools website under; Activities/Extra Curriculum Opportunities or general DofE information can be found at www.dofe.org

For Licensed Organisation/Centre administration only:

Date registered onto eDofE	/ /
Expected start date	/ /
Parent Pay Participant fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	
Log Book issued date	