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| DofE Web logo small |  | red TAVISTOCK COLLEGE LOGO |

**THE DUKE OF EDINBURGH’S AWARD – application form**    
***Please print clearly in CAPITALS and complete all of the questions***

**DofE Centre and group details (if you know them):**

|  |  |
| --- | --- |
| DofE Centre: TAVISTOCK COLLEGE | DofE group: |

**DofE level:**

|  |
| --- |
| Bronze (**£21**)  Silver (**£21**)  Gold (**£28**) |
| Have you registered for any previous levels of the DofE? No  Yes |
| If YES – please give the name of the DofE Centre you were registered at:  *e*DofE ID number (if known) : |

**Personal details:**

|  |  |
| --- | --- |
| First name: | Last name: |
| Gender: Male  Female | Date of Birth:       /      / |
| Primary language English  Other | |
| Date you wish to start your DofE programme (enrolment date):       /      / | |

When you first sign in to *e*DofE 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.

**Contact details:**

|  |  |
| --- | --- |
| Email address: | |
| Address (line1): | |
| Address (line 2): | |
| Town/City: | |
| County: | Postcode: |
| Telephone: | Mobile number: |

**Please see overleaf**

**Emergency contact details:**

|  |  |
| --- | --- |
| Emergency Contact name: | Relationship to you: |
| Emergency contact telephone number(s): | |

**Declaration:**

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online*e*DofE 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](http://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 *e*DofE and information about DofE activities recorded in *e*DofE 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.

**For Licensed Organisation/Centre administration only:**

|  |  |
| --- | --- |
| Date registered onto *e*DofE | /     / |
| Expected start date | /     / |
| Participant Fee received | Yes  No |
| Username |  |
| User ID number |  |

PLEASE RETURN COMPLETED FORMS & PAYMENT TO ANDY JERRETT