



## DUKE OF EDINBURGH'S AWARD

### ENROLMENT FORM

Please print clearly in **CAPITALS**. You must complete all fields/questions.

PERSONAL DETAILS – PRINT CLEARLY IN CAPITALS				
First Name(s)			Home Address	
Last Name				
Date of Birth	DD/MM/YYYY	Age		
Gender			Town/City	
Language	English	Other	County	
Email			Post Code	
Parent's Email			Contact No (home)	
eDofE number			Contact No (mob)	
Enrolment Level:			Bronze (£25.50)	Silver (£25.50)
				Gold (£32.50)

**Participant 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](http://www.eDofE.org)

Print Name: ..... Signature: ..... Date: DD/MM/YYYY

**CONSENT**

Having read the information about "The Duke of Edinburgh's Award", I agree that I / my son / my daughter / my ward\* may take part in those activities necessary to complete an Award (\* delete as appropriate). In such cases where participants undertake activities that are not directly managed or organised by Medway Open Award Centre the Licensing Centre, parents/guardians of those under 18 and participants who are 18 and over are informed that it is their responsibility (not ours) to ensure that the activity is appropriately managed, insured, and that they have properly qualified, experienced, and checked staff.

I understand that information given on this form will be held on a secure management database according to the provisions of the Data Protection Act 1998.

MOAC may use images of participants for display and advertising purposes.

**If you AGREE to pictures of yourself/your child/your ward to be used, please tick here.**

I enclose the enrolment fee of £ \_\_\_\_ \* cash/cheque (\* please enter amount).

**Notes:**

Please make cheques payable to **MEDWAY OPEN AWARD CENTRE**

Write the name of the participant on the REVERSE of the cheque

Return this form together with your remittance to your DofE Leader or send to the office at the address below.

Print Name\*: ..... Signature: ..... Date: DD/MM/YYYY

**\* If the participant is under 18, this should be signed by their parent or guardian. If over 18, the participant should sign.**

FOR OFFICE USE ONLY		
Enrolment Date	Payment Received	Cash / Cheque / BACS
Entered on eDofE	ID Number	
Username	Initial password	

