



Office use only		
Username:	
Password:	
edofe ID no:	

Enrolment Form

Which School / DofE unit / Voluntary organisation are you doing your DofE Award with?	
First Name:	
Surname:	
Date of Birth (dd/mm/yyyy):	Age:
Email Address*: Please write clearly	
*If you do not have an email address please speak to your DofE Coordinator.	
Gender (pls tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Enrolment Level (pls tick)	Bronze £25 <input type="checkbox"/> Silver £25 <input type="checkbox"/> Gold £30 <input type="checkbox"/>

Please tick which level you have already completed, if you have not completed the previous award leave this area blank. If you are beginning your Bronze Award you do not need to complete this section at all.	
Silver	Gold
I have completed Bronze and received my award certificate <input type="checkbox"/>	I have completed Silver and received my award certificate <input type="checkbox"/>

Consent to enrol from parent or guardian (if applicant is under 18 years old) PLEASE READ

I agree to my son / daughter / ward undertaking the 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.

PHOTOGRAPH CONSENT

As part of the work we do with young people Suffolk County Council occasionally take photographs or videos of various activities. These may then be displayed and published on our web site to promote and celebrate the work of young people. Please tick the box if you **do not** want photographs of your child displayed and published.

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Parent/guardian:			/ /
Relationship to participant:	Contact telephone no:		