



Participant Enrolment Form

Please print clearly in CAPITALS or type details in. You must complete all the questions.

Operating Authority: THE BOYS' BRIGADE
BB Company / DofE Centre:

Personal details

Title:* : Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other	Address 1:
First name:*	Address 2:
Middle name:*	Address 3:
Last name:*	Town/City:
Primary Language:*	County:
Email:*	Postcode:
Date of Birth:*	Telephone no (home):
Age:	Telephone no (mobile):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Enrolment level:*(tick one) Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/>

Previous levels/sections* – please tick which sections/levels you have completed:	
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

Next of kin name:
Relationship to next of kin:
Next of kin telephone:

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.

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enrol as a participant on a DofE programme. You will be doing your programme using our online eDofE system. This system has a set of terms and conditions that you must agree to. These will be available when you access eDofE.			
Applicant:			/ /

PLEASE TURN OVER TO COMPLETE THIS FORM

Participant Enrolment Form

The following information 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):

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)								

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:				

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 and DofE centre to monitor and manage DofE participation and progress.

All contact from the DofE Charity using personal data will communicate useful and relevant information to either help participants complete a DofE programme, Leaders/OAs to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact will be via the eDofE messaging system. Participants can choose to receive this information to an external email account or by post using the *personal preferences* section in eDofE. These preferences can be updated at any time.

For Operating Authority/Centre administration only

Date registered onto eDofE	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
Initial password	

Note: This is to record the details in case these are lost. Everyone is encouraged to change their password the first time they log on to eDofE.

**THIS FORM SHOULD BE RETAINED BY THE COMPANY (DofE CENTRE)
AND DOES NOT NEED TO BE SENT TO BB HEADQUARTERS**