

DUKE OF EDINBURGH'S AWARD ENROLMENT FORM

Please print clearly in **CAPITALS**. You must complete all the questions.
Questions with a * symbol are mandatory fields within eDofE

PERSONAL DETAILS – PRINT CLEARLY IN CAPITALS	
First Name*:	Home Address*:
Last Name*:	
Date of Birth*:	Age:
Gender*: Male / Female please circle	Town/City*:
Primary Language*: English / Other please circle	County*:
Email*:	Postcode*:
	Telephone No (Home)*:
	Telephone No (Mobile):

DofE Centre*: Fort Pitt Grammar School	DofE Leader:
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Enrolment level:	Bronze £63.00	Silver	Gold	
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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		
Print Name*:	Signature*:	Date*:

CONSENT – If the prospective participant is under 18, this should be signed by parent or guardian. If over 18, the participant should sign.		
Having read the information about The Duke of Edinburgh's Award, I agree that my son / my daughter* may take part in those activities necessary to complete an Award. (*delete as relevant) In such cases where participants undertake activities that are not directly managed or organised by the group, centre or Fort Pitt DofE Operating Authority, parents/guardians of those under 18 and participants who are 18 and over are informed that it is their responsibility (not ours) to ensure the activity is appropriately managed and insured.		
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.		
DofE Fort Pitt may use images of participants for display and advertising purposes. If you <u>DO NOT</u> wish pictures of your child/ward to be used, please tick here <input type="checkbox"/>		
I enclose entry fee of £_____ cash/cheque (please enter amount) for the appropriate Handbook.		
PLEASE MAKE YOUR CHEQUES MADE PAYABLE TO <u>FORT PITT GRAMMAR SCHOOL</u>		
Please write the name of participant on reverse of cheque and return this form together with your remittance for your record book to the school office.		
Parent/Guardian Name*:	Signature*:	Date*:

FOR OFFICE USE ONLY			
Enrolment Date		Payment Received: Cash / Chq / Inv / JT	
Entered on Edofe		ID Number	Keeping Track Book Issued
Username		Initial password on set up	

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