###### You can now set up the DofE Participation Place and pay for it online. This form is for cheque payment only. For online applications please visit the Surrey Scouts website. Please print clearly in CAPITALS or type your details in. You must complete all of the questions. Please return form and cheque payment to your Explorer Leader or to Mark Taylor, 10 Alfold Road Cranleigh Surrey GU6 8NQ (County Award Adviser).

###### Please note that £2 has been added to the cost of each participation place to cover postage costs

**District and Explorer Unit details:**

|  |  |
| --- | --- |
| Scout District: | Explorer / Network Unit: |

**DofE level:**

|  |
| --- |
| Bronze (£32.50)  Silver (£32.50)  Gold (£39.50)  Cheques paid to **Surrey County Scout Council** |
| Have you registered for any previous levels of the DofE? No  Yes |
| If YES – please give the name of DofE Centre:       ***e*DofE ID number (mandatory)** : |
| Have you completed any previous levels of the DofE? No  Yes |
| If YES – please confirm level and date completed: |

**Personal details:**

|  |  |
| --- | --- |
| First name: | Last name: |
| Gender: Male  Female | Date of Birth:       /      / |
| Primary language English  Welsh  Other | |

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: |

**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.