



# Participant Enrolment Form

Please print clearly in **CAPITALS**. You must complete all the questions and return the form to your DofE Centre Co-ordinator with payment



## Personal Details

Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other <input type="checkbox"/>	Home Address:
First name:	
Middle name:	
Last name:	
Primary Language:	
Email:	Postcode:
Date of Birth:	Telephone Home:
Age:	Telephone Mobile:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<i>The email provided above will be used by the DofE centre co-ordinator to provide participants with their e-DofE account login details and can be changed or removed by the participant once they open their account. (Use of personal emails addresses may vary between centres)</i>	

## Centre Details

DofE Centre Name: Lancaster Royal Grammar School	Centre Address LRGS, East Rd, Lancaster
Telephone Number 01524 580600	Postcode LA1 3EF
DofE Centre Co-ordinator Name: Alistair Shawcross	

## Personal information

The following information is used to help the Young People's Service and DofE meet the needs of all young people. Only complete this section if you wish to assist in this way. ***Please circle the relevant box***

I would describe myself as

Asian or Asian British				Black or Black British			Chinese	
Indian	Pakistani	Bangladeshi	Other	Caribbean	African	Any other	Chinese	
Mixed				Gypsy and Traveller				White
White & Black Caribbean	White & Black African	White & Asian	Other	Roma	Irish	Gypsy	Other	White

I would consider myself to have a disability\* Yes  No

*\*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.'*

## Programme details

Enrolment level:	BRONZE <input checked="" type="checkbox"/>	SILVER <input type="checkbox"/>	GOLD <input type="checkbox"/>
Previously completed award (s)	BRONZE <input type="checkbox"/>	SILVER <input type="checkbox"/>	

**P.T.O**

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

I agree to my son / daughter/ ward participating in a DofE programme through the centre listed on this form. 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.

	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 are available at:

[www.eDofE.org/Terms.aspx](http://www.eDofE.org/Terms.aspx) (pdf document)

Applicant:			/ /
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**Payment**

Please pay using LRGS WisePAY

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/Operating Authorities to run DofE programmes more effectively or help the DofE Charity improve the quality and breadth of its programmes. All contact from the charity will be via the eDofE messaging system.

**For Operating Authority/Centre administration only**

Date registered onto eDofE	/ /
Expected start date	/ /
Participant Fee received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Username	
User ID number	
Initial password on set up	
YPS ID number	
District Code	

**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.**